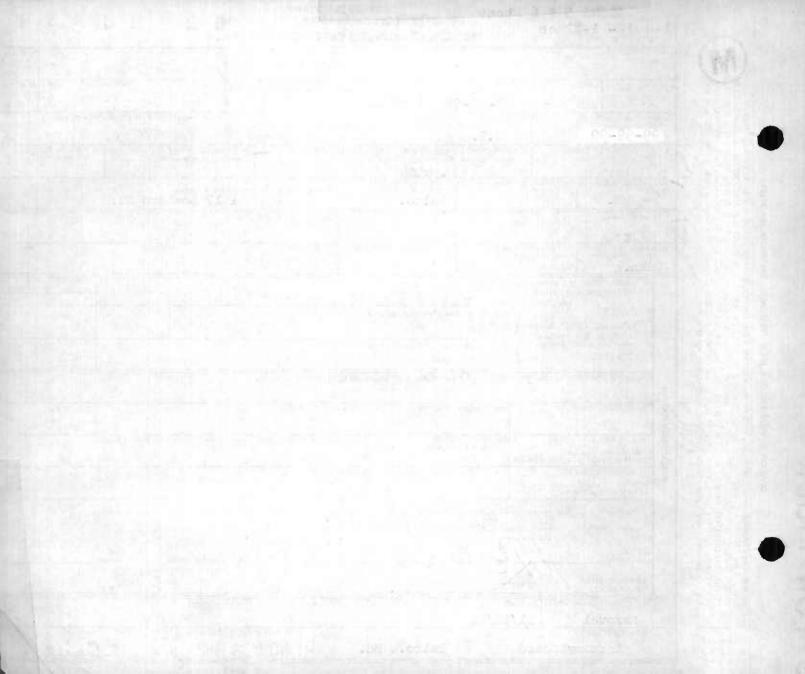
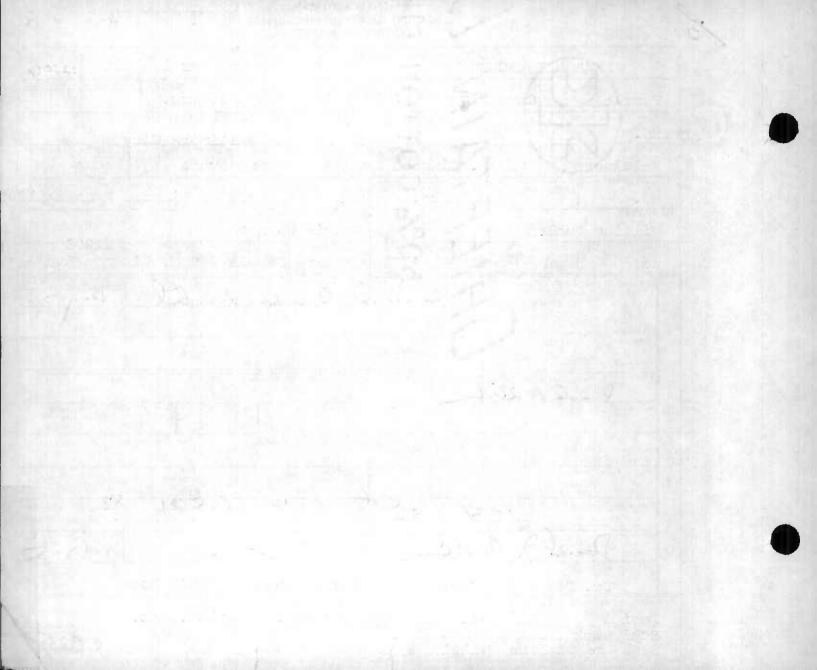
ITEMS 5 & 6 Phone

20M 4/82





36	1	FOR - STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	NO.	28/	5 6
may be poge 3		CEASED NAME FIRST ANN IE	E,		LAFFE	RTY	20. DATE OF DEATH		1982	26. HOUR 2: 50A .M
4 20	3. SE	x Female	4. RACE White		S. DATE C	F BIRTH	6. AGE (IN YEARS LAST		IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
deoth. Page uneral direct hip 72 hours	- 6	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WH	IAT COUNTRY?	8	D DEVERMARRIED	9. BALTIMORE CITY	OR COUNT		
by the further d	₩. C	Baltimore	11. NAME OF HOS  (IF NOT IN SUCH FA	SPITAL, NURSING	G HOME O	ROTHER INSTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOS Homema	TION TOF WORKING L	12b. KIND O	F BUSINESS OR
n 24 hau	MA	AL RESIDENCE (IF NURSING HOMEO) STATE RYLANDO		E RESIDENCE BEFORE . C. CITY OR TOWN Baltimo	1	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		do Avenu	
With Milking	14. F/	ATHER'S NAME FIRST HOWARD C.	MIDDLE Buchman	LAST		15. MOTHER'S MAIDEN NAMERSTANDERS LA	ME MIDDLE		LAST	
te be executed ician and compers. Pages 1st. The medical extremely the medical extremely and the medical extremely are second to the medical extremely and the medical extremely are second to the medical extremely are second to the medical extremely are second to the s	160 \	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 161	SOCIAL SECUR		17 INFORMANT	ADD	RESS	41st S	21211 treet
requires that the death certificate an signed by the attending physici. Then please remove carbanpaper arto burial, cremation, or removal, injury, or other traumatic event, the	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS	S A CONSEQUENT EPTICEMI	CE OF	NOT RELATED TO THE TERMIN	NALDISEASE OR CO	NDITION GI	VEN IN PART TO	
YSICIAN: The law red ding physician. Is certificate has been burial-transit permit. The Mental Hygiene prior to them 18 shows any in the shows any in the shows and in the shows an	AL CERTIFICATION	190 DATE OF OPERATION  NOVEMBER 6,198  210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	2 RIGHT PNEUMO 2 PNEUMO 1 216. TIME OF IN HOUR A.M.	PLEURAL THORAX	EFFUS	ZIC. HOW INJURY OCCURR	YES NO X	20b. IF YE IN CERTI	S, WERE FINDIN FYING CAUSES ( ES	GS USED OF DEATH? NO
ING PHYSI ar attending After this ce os the buri Ith and Mei	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF	FACTORY, OFFICE, FAI	RM, ETC )	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
ATTEND aspital o actorise of for use t. of Heo		220.1 certify that (1) this haspi saw the deceased alive on the (1, (1) (we)) (did) (did no	NOVEMBER	28 19 er death.		BFR 5 , 19 82 d that in (my) apinian d	, toNOVEM leath occurred on the			
SPITAL d by th NERAL be dete e Stote TANT:		22d PHYSICIAN'S NAME (TYPE O	DR PRINT)	NID	,	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS			1982 100 N
retoine Should with the	23a E	PETER A. HOL		23c. N/	AME OF CE		TIMORE M.	ARYLAN	D 21231	
BP	1	Burial	12/1/8	2 Mon	nelan	Mam Dawk	Parkvi	lle. B	COUNTY	STATE
DHMH - 16 50M 4/82	24 F	Burgee Funera	1 Home 36	31 Falls	Road	1 21211 250. DATE	REC'D. BY REGISTRA		TRAR'S SIGNA	Build

20.10 100. Ann Imp Told ord its ltion the osimal or or or or The Mark - Leltinore - Constant of the Constan George W. Bookman roe inspert 212 10 113 . olas a. raferty, 1301 %. hist Street 15/1/2 orling as state, c. e. ur e u ci l o e 7-71 clle ou 1211

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 29. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) DRUCILLA B. LAMOTTE November 27, 1982 12:30 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS April 5" 1902 DAYS White 80 HOUR5 Female Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED cou Virginia Baltimore City USA DIVORCED [ WIDOWEDER 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR THOUSEWITE WORKING LIFE 524 North Charles St. MY Home Baltimore ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland 136 COUNTY 13d INSIDE CITY LIMITS? 524 Noore Charles St. 21201 Barrelmore 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST LAST John Neal Wictoria Kalser ADDRESS. Main Blvd. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 13-74-9924 Frances Albright, Timonium, Md. 21093 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY ochr DIAL Injarction I'MEDI ARE IMMEDIATE CAUSE ID GORADO AL MHER 105 CLENOTIC CARDIOURS QUAR DISERSE ONSET Conditions, if ony, which gove rise to immediate Arstopy of Subendo CARDIAL DIFFRENTION couse (o), stoting underlying PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 0 one 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? VENE NOL YES [ NO [ 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from 32, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on obove, (1) (we) (did) (did not) view the body after death. 226 SKENATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS should be with the 236. BURIAL CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION New Freedom Burial 1982 New Freedom Cem. Nov. 24. FUNERAL DIRECTOR DHMH - 16 50M7/77 Hartenstein, New Freedom, PA 17349LU (VR A 15 (4))

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001	rs after death. Page 4 may b	by the funero' mertan, tage filed within X2.
TON ST., BALTIMORE, MARYLAND 21:	oth certificate be executed within 24 hou	ending physician and camplerely filled in e-carbon papers. Page n. ar remayal.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained to the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral metals about the funeral metals and the filled within XI. Then please remove corbon papers. Page and the filled within XI. The please remove corbon papers. Page and Health and Mental Hygiene prior to burial, cremation, or removal.
	TO HOSPITAL OR ATT	TO FULLERAL DIRECTOR should be deflocked for

DHMH - 16 50M 1/81 (VRA 15, 4)

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72		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEATH	
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		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b)	, and (c			BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
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	유		MOCYTOMA					
1	CA	196. DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATIOI	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIN IN CERTIFYING CAUS	
	E	- 4		-		YES X NO	YES 🔀	NO 🗆
1	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART	2)
		OR CONTRIBUTING CAUSE OF DEAT		DAY YEAR				
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	19	21f. LOCATION			
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		saw the deceased alive on abave, (1) (we) (did) (did nat	yew the bady after death.	9 4 1 , an	d that in (my) (our) apinion d	death accurred an the de	ate and haur and fram t	he causes stated
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+		22d PHYSICIAN'S NAME (THE CO	(minit)	1.700	22e ADDRESS	J DIRECTOR   TITISIC	INIT SE	12-87
		RECHARD N.	(000)	00 0		C.		
				nib.		WOVER ST.	BAITO, M	b.
		URIAL, CREMATION, REMOVAL	23b. DATE	3c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
	_	urial	11/15/82	Cedar	Hill Cem.	Baltime		Md.
	24 FL	INERAL DIRECTOR BALL		.5	250. DATE		256 REGISTRAR'S SIGN	
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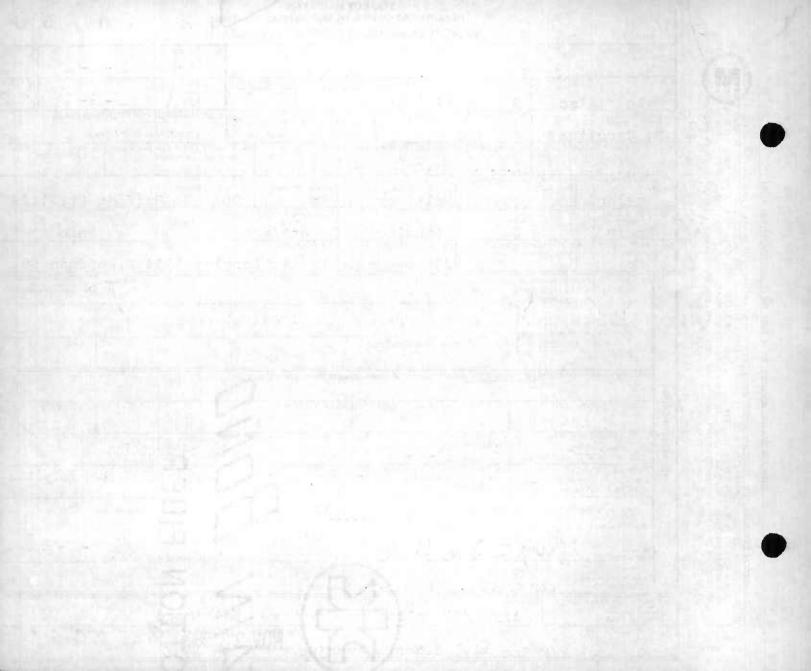
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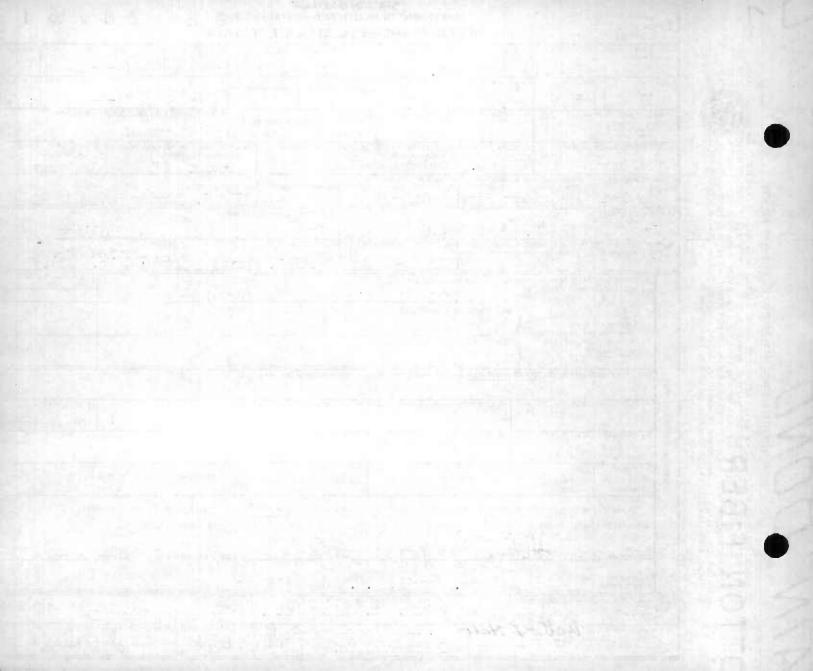
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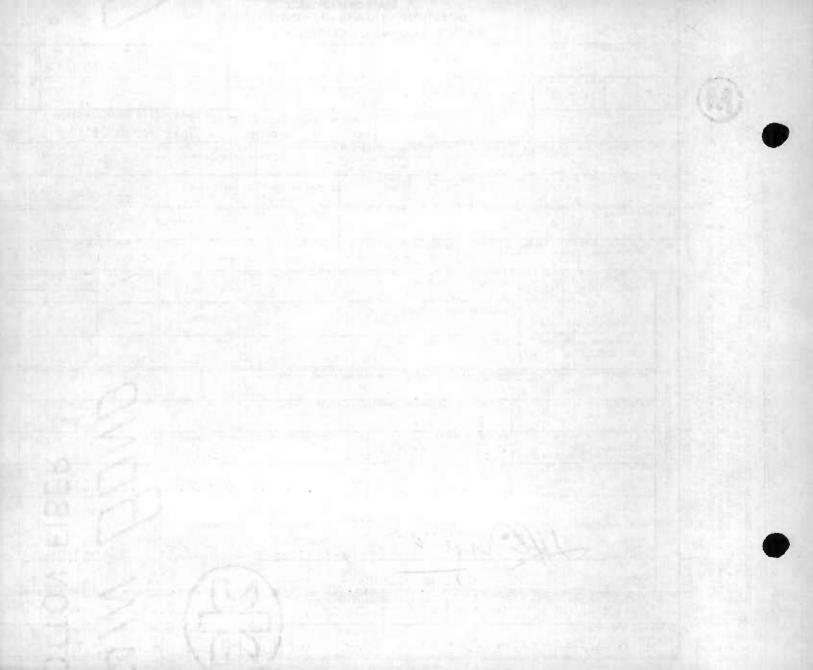
DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN XX MONTH DAY (TYPE OR PRINT) OF ESTI-11-21-82 ANGLEY JAMES AGE (IN YEARS DATE OF BIRTH IF UNDER 24 HRS 2d HOUR LAST BIRTHDAY) PRONOUNCED 2:28P 11-21-82 DEAD male 53 29 YRS Black i6 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) N. Carolina DIVORCED WIDOWED Baltimore City D. CITY OR TOWN OF DEATH 112b KIND OF BUSINESS OR INDUSTRY University Hospital Baltimore 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 2034 E. Hoffman St. 21213 Maryland NO [ YESKX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Langley Pele J. Pattie Henry 6g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7. INFORMANT ADDRESS 220-54-8995 Pattie Langley 2034 E. Hoffman St. No 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id. ED AS A B 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HE I PRIOR TO BURIAL, YESXIX NO [ 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) subject shot during altercation UNDERLYING CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 2034 E. Hoffman Street Baltimore, Maryland NOT WHILE AGE 4 SHOULD BE INTERPREDIO PAGE
DEFINE DEATH, WITH THE STATE I AT WORK 22a. I certify that I took charge of the remains described obove, held an Inspection Hamicide XX death resulted from: Undetermined manner Assistant DATE 11-22-82 ACTUAL SIGNATURE MEDICAL EXAMINER 111 Penn Street EXAMINER'S NAME Margarita A. Korell, M.D. (TYPE OR PRINT) 0 XX0 23d. LOCATION Md. Baltimore BURIAL Baltimore Cemetery 24 FUNERAL DIRECTOR **DHMH - 17** Wm.C.March F/H Inc. 1101 E. North Aveniue (VR A15 ME (5)) 20M 4/82



VIRGINIA   W.   LARSON   DEATH MARED   11-1-82.9   DATE   MARCH   MA	1		OR			DEPARTMENT OF	HEALTH	AND MENTA	LHYGIENE	2	2 3	1 0	
VIRGINIA W. SEXT ARSON  SEX RACE   SOLITOR OF BIRTH   SOLITOR OF BIRTH					ME	DICAL EXAMIN	IER'S C	ERTIFICATE	OF DEATH	REG. I	NO.		
VIRGINIA  VIRGINIA  VIRGINIA  FACE DAME OF BIRTH  FOR ACC DAME DATE DATE DATE DATE DATE DATE DATE DAT	1.			FIRST		MIDDLE	11-17	LAST	2a D	ATE KNOWN	X X MONTH D	AY YEAR	26 HOUR
SEX   BACE   S DATE OF BRITH		(TYPE	OR PRINT)	VIRGIN	IIA	W	k/A/10	SON TAR	0.5	Or ESII-	erro.	8219	1
SET   PROJECT	3.	SEX	4. RAC	E 5.	DATE OF BIRTH			DER 1 YR. IF UN	DER 24 HRS. 2c.	DATE	MONTH D	AY YEAR	2d HOUR
BARTHAGE   STATE OF WHAT COUNTRY?   WARRIED   NEVER MARRIED   BARTHMORE CITY OR COUNTY OF DEATH   USA   WIDOWED   DWORCED   BARTHMORE CITY OR COUNTY OF DEATH   STATE OF MUSEUM CORD CITY   STATE OF MUSEUM COUNTRY   WIDOWED   DWORCED   BARTHMORE CITY OR COUNTY OF DEATH   STATE OF MUSEUM COUNTRY   WIDOWED   WOO MOST ON COUNTRY OF DEATH   WIDOWED			F	1.7 L.	- 0	Creat Bactrig	Mortin	DAYS HOURS	MIN. PRO	NOUNCED DEAD	11-1-	8219	2:25
Virginia   USA   WIDOWED   DIVORCED   Baltimore   City   ETYPOT NOW OF DEATH   II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION   ITSELEDATED   ITSE	7				12.1.1.		10	ED NEVER M	9. BA	LTIMORE CITY			
Be certify from the property of the property o	6	FOR	irginia	= 20.4	USA				DRCED B	Itimore	City		J.M
Baltimore   3700 N. Charles Street   Dealer (R)   Antiques   SUAL RESIDENCE IF IN NORTH ACTUAL BY THE ACTUAL STATE   S	10			ATH I	I. NAME OF HOS	PITAL, NURSING HOM	E. OR OTH	4.5	120. USUAL C	CCUPATION (T		KIND OF BU	JSINESS
SUAL RESIDENCE (# IP NEARSON DOUGH OF CITY MINISTERS AND CONTROL OF TOWN MATYLAND BALTIMOTE CITY BALTIMOTE SET ## 134. INSIDE CITY LIMITS 134. INSIDE CITY LIMITS 137.00 N. Charles St. #801  **MATYLAND BALTIMOTE CITY BALTIMOTE STATE AND CONTROL OF TOWN BALTIMOTE SET ## 154. INSIDE CITY LIMITS 137.00 N. Charles St. #801  **FAIRER SAME **JAME** *		В	altimore		3700 N.	Charles St	reet				Δ		
MARYLAND Baltimore City Baltimore  VES NO 3700 N. Charles St. #801  APPLIES NAME James R. Lambdin  See WAS DECEASED EVER IN U.S. ARMED FORCES? INS. O. BURNACHOMY (16 YES, ONE WAS GOLDATES)  105 NOTO 17. Phillips  106 WAS DECEASED EVER IN U.S. ARMED FORCES? INS. O. BURNACHOMY (16 YES, ONE WAS GOLDATES)  107 NO 215-22-2332  108 NOCIAL SECURITY NO. 215-22-2332  109 NOTO N. Charles St. #801  110 NOTO N. Charles St. #801  111 INFORMANT 11 100 NOTO N. MADE Phillips  111 PROPRAMATION REVISED BY. 112 PRACTICE OF WAS COLUMN OF THE VIEW O		SUAI	RESIDENCE (IF IN NI	RSING HOME OR O		VE RESIDENCE BEFORE ADMISS	ION)				1.0	ricique	-0
FAHTER'S NAME   James   R.   Lambdin   Is MOTHER'S MAIDEN NAME   MODIE   LAST   Grace   Phillips	13				ore City						les St.	£801	
James R. Lambdin Grace Phillips  60 WAS DECEASED EVER IN U.S. ARMED FORCES? NO UNINFORMANT IN U.S. ARMED FORCES. NO UNIT U.S. ARMED FORCES. NO U.S. ARMED FORCES. NO UNIT U.S. ARMED FORCES	1		THER'S NAME					15 MOTHER'S MA					
THE DATE OF OPERATION  198. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED?  199. DATE OF OPERATION  199. CONDITION FOR WHICH OPERATION WAS PERFORMED?  199. EXTERNAL CAUSE OF DEATH  191. IN FORMANT  191. IN FORMANT  192. NOTFOLK, Va. 23518  192. NOTFOLK, Va. 23518  193. NOTFOLK, Va. 23518  194. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  194. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  195. ON THE LINE OF COURSE OF DEATH (b)  196. CONSTRUCTION OF COURSE OF COURSE OF CONSTRUCTION OF COURSE OF CONSTRUCTION OF COURSE OF CONSTRUCTION OF COURSE	1	J						_			Phi 1		
No     215-22-2332     Edith I.     Morris     Norfolk,   Va.   23518	16	6a. W	AS DECEASED EVER	IN U.S. ARMEI	D FORCES?		Y NO.			1 ADDRE	SS	-	J/17 /
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   PART IDEATH WAS CAUSED BY:   PART IDEATH WAS CAUSE (a)				(IF TES, GIVE WAI	K OK DATES)	215-22-23	32	Edith L	. Morris			Aye 235	18 1-4
PART I DEATH WAS CAUSE (a) Arteriosclerotic cardiovascular disease    Conditions, if any, which gove rise to immediate couse (a) stating the underlying couse lost.   DUE TO, OR AS A CONSEQUENCE OF	-										T	APPROXIMAT	E INTERVAL
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (a) stating the under- lying couse lost.  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  (c)  (c)  (d)  TART 2 OTHER SIGNHEKANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 i.e.  198. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS  1198. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19  1216. INJURY OCCURRED WHILE NOT WHILE NOT WHILE NOT WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  216. LOCATION STREET  CITY OR TOWN  COUNTY  STATE  TITLE (SPECIFY)  M.D. ADDRESS  111 Penn Street  124. LOCATION CITY OR TOWN  COUNTY  STATE  BUT 1.1  STATE  TITLE (SPECIFY)  M.D. ADDRESS  111 Penn Street  CITY OR TOWN  COUNTY STATE  SIGNED 11—2—8.2  EXAMINER'S NAME (TYPE OR PRINT)  NOV. 6  1982  1982  Cameron & Alfred Stis. Date Record By Registrar's SIGNATURE  CONNENDED TO BY REGISTRAR'S S			PART I DEATH W	AS CAUSED B	Y: AISE (a) AI	terioscler	otic	cardiova	scular di	sease		BETWEEN ON SE	TAND DEATH
The part of the significant conditions of the underlying cause lost.    Part 2 diner significant conditions of the underlying cause lost.   Column	ı		429	al MILL						,			
COULD (a) stating the under- lying cause lost  (c)  PART 2 DINER SIGNIFICANT (ONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19th DATE OF OPERATION  19th CONDITION FOR WHICH OPERATION WAS PERFORMED?  210 AUTOPSY?  YES   NOW  100 AUTOPSY?  YES   NOW  211 EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  211 EXACE OF INJURY AT WORK  212 Certify that I took charge of the remains described above, held an Autopsy Or Inspection AL Inquiry Or Undetermined manner Or Undetermined Mann					45								
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1.  19a DATE OF OPERATION	L		cause (a) stating	g the under-	<	AS A CONSEQUENCE	OF		1				7
19th CONDITION FOR WHICH OPERATION WAS PERFORMED?   12th Autopsy   19th Condition for Which Operation was performed?   12th Autopsy   12th Time Of Injury   12th Time Of Injury   12th How Injury Occurred   12th How Injury Occur	ı		lying cause lost.		(6)						1		
19th CONDITION FOR WHICH OPERATION WAS PERFORMED?   12th Autopsy   19th Condition for Which Operation was performed?   12th Autopsy   12th Time Of Injury   12th Time Of Injury   12th How Injury Occurred   12th How Injury Occur	ı		PART 2 OTNER SIGNIFICAN	IT CONDITIONS CON	TRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	ATNAL DISEASI	OR CONDITION GIVEN I	N PART 1 to L	The			
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19    Tid   INJURY OCCURRED   WHILE AT WORK   ACCIDENT   AC		NO											
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19    Tid   INJURY OCCURRED   WHILE AT WORK   ACCIDENT   AC		AT	19a DATE OF OPER	ATION	196 CONDI	TION FOR WHICH OPE	RATION W	AS PERFORMED?			12	O AUTOPSY	?
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19    Tid   INJURY OCCURRED   WHILE AT WORK   ACCIDENT   AC		FF										YES 🗍	NOXIX
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19    Tid   INJURY OCCURRED   WHILE AT WORK   ACCIDENT   AC		ER						OW INJURY OCCU	IRRED LENTER NATUR	E OF INJURY IN ITEM	18 PART 1 OR PART 2)		
ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)  Margarita A. Korell, M.D. Address 111 Penn Street  136 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Wash. St. United Meth.  178 Calcertify that I took charge of the remoins described above, held an Autopsy   , Inspection   X. Inquiry   , ond in my opinion   , ond in my opinion   X. Inquiry   , ond in my opinion   , ond in my opinion							K						
ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)  Margarita A. Korell, M.D. Address 111 Penn Street  136 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Wash. St. United Meth.  178 Calcertify that I took charge of the remoins described above, held an Autopsy   , Inspection   X. Inquiry   , ond in my opinion   , ond in my opinion   X. Inquiry   , ond in my opinion   , ond in my opinion		EDK	21d. INJURY OCCUR		21e PLACE	OF INJURY (AT HOME.			0.1				
270 L certify that I took charge of the remains described above, held an Autopsy   , Inspection   X		X	AT WORK	WHILE	STREET, FAC	FORY, FARM, ETC.)	S	TREET	CITY	ORTOWN	COUNTY		STATE
death resulted fram:  Notural causes X, Accident , Suicide , Hamicide , Undetermined manner ,  TITLE (SPECIFY)  M.D. ASSISTANT MEDICAL EXAMINER SIGNED 11-2-82  EXAMINER'S NAME (TYPE OR PRINT)						2 1 1					1. 110		
ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)  Burial  Nov. 6, 1982  ACTUAL SIGNATURE  M.D. ADDRESS 111 Penn Street  130. Burial, CREMATION, REMOVAL 1236. DATE (SPECIFY)  Wash. St. United Meth.  Alexandria, Virginia  214. FUNERAL DIRECTOR Wash. St. United St. Nov. 6, 1982  Alexandria, Virginia  ANAMA DATE RECTOR Wash. St. United St. Nov. 6, 1982  Alexandria, Virginia											ond in my opinio	n	
ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)  Margarita A, Korell, M.D. Address 111 Penn Street  State Burial  Nov. 6, 1982  Margarita A, Korell, M.D. Address 111 Penn Street  State Wash. St. United Meth.  Alexandria, Virginia  The property of the print of the			death resulted fram	n: Natural	causes LXI,	Accident L., Si	ncide 🔲			ed manner	J,		
EXAMINER'S NAME (TYPE OR PRINT)  Margarita A. Korell, M.D. Address 111 Penn Street  131 BURIAL CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY BURIAL Nov. 6, 1982  Wash. St. United Meth.   234 LOCATION Alexandria, Virginia   234 FUNCATION Alexandria, Virginia   235 DATE REC'D. BY REGISTRAR'S SIGNATURE ANALYZIONE   236 DATE REC'D. BY REGISTRAR'S SIGNATURE   2				()/(	Mari	dochail	1				DATE 4	1 0 00	2
County   C	1		SIGNATURE	UVA	-446	Jane Lines	M	DASSISTA	n.TMEDICAL	EXAMINER	SIGNED	1-7-87	
Burial Cremation, removal 236. Date 23c Name of Cemetery Or Crematory City Or Town Alexandria, Virginia Wash. St. United Meth.   23d. LOCATION COUNTY Wash. St. United Meth.   23d. LOCATION Alexandria, Virginia 24 Function Wash. St. United Meth.   23d. LOCATION COUNTY STATE WASH. ST. UNITED WASH. St. United Meth.   23d. LOCATION COUNTY STATE WASH. ST. UNITED WASH. S	1			Mar	marita A	Korell	MD	11	1 Penn S	treet			
74 FUNEAU DIRECTOR Wall J. Welf Cameron & Alfred Stis. Date Rec'd. By Registrar Propressionature	-	20 81						NDDIKE 35					
74 FUNEAU DIRECTOR Wall J. Welf Cameron & Alfred Stis. Date Rec'd. By Registrar Propressionature	1	150	PECIFY)			Wash. S	t. Un	ited Met	h. Alore		COUNTY	3	TATE
Cimpingham Funeral Homerss Cameron & Altred Sts. NOV 181982 John 2 Caused	7			100 Hol	1. 100	/(1/21			LILLON	ISTRAR 2007RE	GISTRAR'S SIGN	NATURE.	
	•			Funera	I Home ess	Cameron &	ALTI	ed Sts.	IOV 1819	182 10	angle (	sheel	1



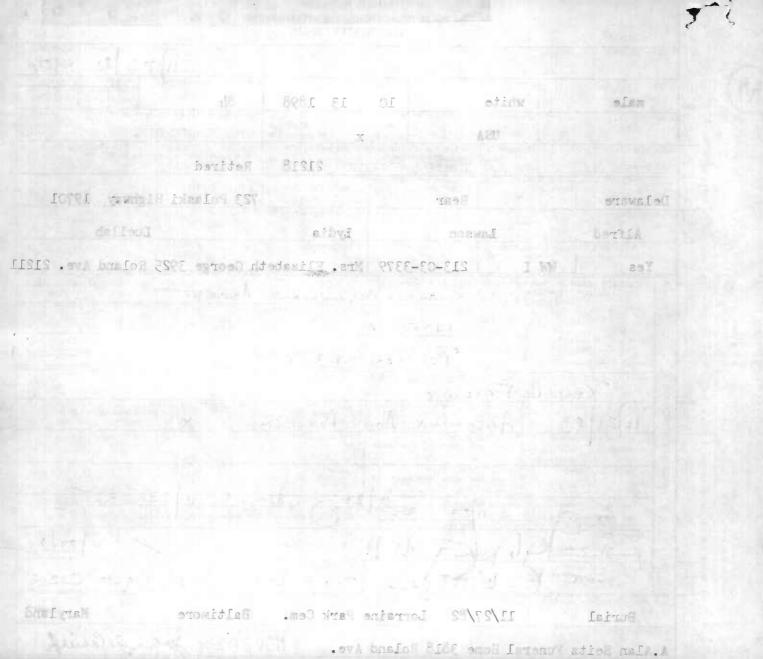
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO REGISTRAR DATE KNOWN DECEASED NAME (TYPE OR PRINT) OF Laster (Lassiter) Edward DEATH MATED 2d HOUR 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH DATE SEX LAST BIRTHDAY) PRONOUNCED Black 42 Male 1519 82 3:45 40 DEAD YRS 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) USA N.C. Baltimore City WIDOWED DIVORCED II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 10. CITY OR TOWN OF DEATH OR INDUSTRY RETAIN PA Johns Hopkins Hospital Baltimore 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13a. STATE 13b COUNTY 21213 1700 E. Federal St. 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST Willie Mae Laster Unkn ADDRESSITTLEton, N.C. 17. INFORMANT 166 SOCIAL SECURITY NO. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) 147 E. Maine St. 238-34-8639 John Laster No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE, VATION, OR REMOVAL. Subdural hematoma IMMEDIATE CAUSE (a)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) USED AS A E Seizure disorder 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 19a DATE OF OPERATION 20 AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNRAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH ATHE STATE DEPARAMENT OF HE BALFHORE, MARY (AND, 2 J201 PRIOR TO BURIAL, YESXX NO T 71a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR 11/14/82 collapsed during seizure CONTRIBUTING CAUSE OF DEATH STREET, FACTORY, FARM, ETC.) 1700 E. Federal Street, Balto., MD 21201 NOT WHILE AT WORK AT WORK street 228 I certify that I taak charge of the remains described above, held on Autopsy Inspection Inquiry and in my apınıan Undetermined manner death resulted fram Hamicide \_\_\_\_ TITLE (SPECIFY) DATE SIGNED 11/16/82 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Hormez R. Guard M. Dodress 111 Penn Street Balto MD 21201 (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION, REMOVAL 23b DATE N.C. Burial 11/20/82 Odell Ch Cem. Littleton, 250. DATE REC'D. BY REGISTRAR 256 DESISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Wm C March F/H, Inc. 1101 E. North Ave (VR A15 ME (5)) 20M 4/82



THOMAS NAM LAWS  DECEASED NAME (183) MODEL  THOMAS NAME (184) M	15	REGISTRAR  I. DECEASED NAME  THOMAS NMN  LAGUS  1. SEX  Male  I. RACE  THOMAS NMN  LAGUS  1. SEX  MALE  I. RACE  Black  S. DATE OF BIRTH  NOV. T', 1919  6. AGE INTRABLASIS BRITHONY  GOMANY  MALE  III. NAME OF HOSPITAL, NURSING FINDER  III. NURSING FINDER  III. NAME OF HOSPITAL, NURSING FINDER  III. NURSING FINDER  III. NAME OF HOSPITAL, NURSING FINDER  III. NURSING FINDER  III. NAME OF HOSPITAL, NURSING FINDER  III. NURSING FINDER  III. NAME OF HOSPITAL, NURSING FINDER  III. NURSING FIND	8 /	6 3								
THOMAS NMN LAWS  THOMAS NMALE  THOMAS NAME  THOMAS NMN LAWS  THOMAS NAME  THOMAS NAME  THOMAS NAME  THOMAS NMN LAWS  THOMAS NAME  THOMAS NAME		1.	- STATE		DEFARI				10.			
S. DATE OF BIRTH   S. DATE OF	-		CHRENT)				AST	20. DATE OF DEATH	MONTH D		2b. HOUR	
MALE BRACK  BOOK T, 1919 63  WEST OF THE STATE OF THE STATE OF THE STATE OF WHAT COUNTRY WEST OF THE STATE OF WASHING THE OF WHAT COUNTRY WEST OF THE STATE OF WASHING THE			THO		1						5:25P	
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18. STATE   136. COUNTY   136. CITY OR TOWN   136. CITY OR TOWN   136. CITY OR TOWN   136. CITY OR TOWN   1424 McCulloh st. 21   1424 McCulloh st. 21   15. MOTHER'S MADDEN NAME   15. MOTHER'S MADDEN NAME   15. MOTHER'S MADDEN NAME   16. MOTHER'S MADDEN NAME   16	23	BAI	LTIMORE	VAMC LO	OCH RAVEN	BALT I					OF BUSINESS OF	
The control of the course of		130. 3	Mdf 13b. C	ME OR OTHER INSTITUTION OUNTY	13c. CITY OR TOV	e admission) VN			ulloh	st.	21217	
TYES, NORTH MANDER CONTRIBUTION   THE SEGUE WAS CAUSED BY	300	14. F/		WIDDLE	Laws			MIDDLE		Brock	ley	
PART 1. DEATH WAS CAUSE OF CARCILORS PIRATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.00 Metastatic Carcinoma of Vasopharyax  11 Was Cause for immediate cause for immediate couse for stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.00 Metastation was performed  196 DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  216. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (JE FUTER NOTIFY MEDICAL EXAMINER)  126. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (JE FUTER NOTIFY MEDICAL EXAMINER)  126. INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR AT WORK AND A STREET, FACTORY, OFFICE FARM, ETC.)  220.1 sertify that 3/ (this hospital) attended, the deceased from NOVEMBEL 10, 19 82 to NOVEMBEL 10, 19 82, that solve the deceased with a deceased from NOVEMBEL 10, 19 82, that solve the deceased of the deceased from NOVEMBEL 10, 19 82 to NO	med	16a. \	WAS DECEASED EVER IN U.S YES, HOOR UNKNOWN) (15 YES									
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  (b) Metastatic carcinoma of resognary x  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 120  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 120  PART 2.	E II		18. CAUSE OF DEATH (Enter	er anly ane couse pe	r line for (a), (b), or	nd (c).)	In Call		THE STATE OF	BETWEEN	XIMATE INTERVAL NONSET AND DEATH	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0-    190 DATE OF OPERATION   190. CONDITION FOR WHICH OPERATION WAS PERFORMED   200. AUTOPSY?   200. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES   NO			gave rise to immediate cause (a), stating the	(b)	Metasta	atic co	avcinoma of	nesopharynx	,	11	months	
OR CONTRIBUTING CAUSE OF BEATH (FEITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE; FARM, ETC.)  226. I certify that 20 (this haspital) attended, the deceased from Navember 9, 19 82, to November 16, 19 82, that saw the deceased alive on November 16, 19 82, and that in (my) (our) apinion death occurred on the date and hour and from the caused only of the deceased alive on November 16, 19 82, and that in (my) (our) apinion death occurred on the date and hour and from the caused only of the deceased only on November 16, 19 82, and that in (my) (our) apinion death occurred on the date and hour and from the caused only of the deceased only on November 16, 19 82, and the following the deceased only on November 16, 19 82, and the following the deceased only on November 16, 19 82, and the in (my) (our) apinion death occurred on the date and hour and from the caused only of the deceased only on November 16, 19 82, and the same that the date and hour and from the caused only of the deceased only on November 16, 19 82, and the same that the date and hour and from the caused only of the deceased only on November 16, 19 82, and the same that the date and hour and from the caused only of the deceased only on November 16, 19 82, and the same that the date and hour and from the caused only of the deceased only on November 16, 19 82, and the same that the date and hour and from the caused only on November 16, 19 82, and the same that	injury, c	NOL	PART 2. OTHER SIGNIFICA	nt conditions <u>c</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON			BUL.	
OCCONTRIBUTION CAUSE OF DEATH  (IF EITHER NOTHS MEDICAL EXAMINER)  216. PLACE OF INJURY  (IAT MOME STREET, FACTORY, OFFICE, FARM. ETC.)  211. LOCATION  STREET  CITY OR TOWN  COUNTY  (AT MOME STREET, FACTORY, OFFICE, FARM. ETC.)  220. I certify that M (this haspital) attended, the deceased from Navember 9, 19 82, to Navember 16, 19 82, that saw the deceased alive an Navember 16, 19 82, that saw the deceased alive an Navember 16, 19 82, and that in (my) (our) opinion death occurred on the date and hour and from the caused and the same of the county of the deceased alive an Navember 16, 19 82, that saw the deceased alive an Navember 16, 19 82, that saw the deceased alive an Navember 16, 19 82, that saw the deceased alive an Navember 16, 19 82, that saw the deceased alive an Navember 16, 19 82, that saw the deceased alive and Navember 16, 19 82, and the first of the deceased alive and not an open the date and hour and from the cause and the deceased alive and navember 16, 19 82, and the first of the deceased alive and navember 16, 19 82, and the first of the deceased alive and navember 16, 19 82, and the first of the deceased alive and navember 16, 19 82, and the first of the deceased alive and navember 16, 19 82, and the first of the deceased alive and navember 16, 19 82, and the first of the deceased alive and navember 16, 19 82, and the first of the deceased alive and navember 16, 19 82, and the first of the deceased alive and navember 16, 19 82, and the first of	gue gue	TIFICA	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		IN CERTIFY	YING CAUSE	INGS USED S OF DEATH?	
220. I certify that M (this haspital) attended the deceased from Navember 9 1982, to November 16 1982, that sow the deceased alive an November 16, 1982, and that in (my) (our) opinion death occurred on the date and hour and from the caused alive and the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR BLud. Balto. Md 21218  236. BURIAL CREMATION REMOVAL 236. DATE (22.2. ADD 236. NAME OF CEMETERY OR CREMATORY) 236. LOCATION	9		OR CONTRIBUTING CAUSE C	PEDEATH HOUR A	M. MONTH D	d.	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PA	ART ( OR PART 2)		
saw the deceased olive on November 16, 1982, and that in (My) (our) opinion death occurred on the date and hour and from the coundary. May extend the local physician of the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR BLVd. Balto. Md 21218  230. BURIAL REMAION REMOVAL 23b. DATE 422 400 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	Web or	MEDI		LAT MOUSE CT	OF INJURY REET, FACTORY, OFFICE.	FARM, ETC )		CITY OR TO	)WN	COUNTY	STATE	
DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	21 is mo		220.1 certify that 20 (this has saw the deceased alive	naspital) attended the Novemb	er 16, 1	Novem	d that in (my) (our) opinion			17	, that (we) la	
220. ADDRESS 3900 Loch Raven Blvd. Balto. Md 21218 230. BURIAL REMATION, REMOVAL 235. DATE 12.2 (200 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION	**		SIGNATURE	Show the body			ATTENDING	MEDICAL STA		22c. DATI	E SIGNED	
230 BONIAL REMOVAL 138 LARE /2 2	PORTAN		THE PHYSICIAN'S NAME (	TITE OR PRINT)			22e. ADDRESS			Md 212	218	
	<u> </u>	230.	BURIAL REMATION REMO	VAL 236. DATE/					svil]	COUNTY	Mďate	
1/82 VERNON R Briley 1348 N. Cathour St NOV 22 1982 John J. Cathour St NOV 22 1982 John J. Cathour St NOV 22 1982	/B2	24. F	UNERAL DIRECTOR	-/	ADDRESS	0 11	250. DAT		256 REGISTR		JURE .	

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<b>N</b>		CEASED NAME FIRST OR PRINT) ALVI	S	LAWS		NST .	26. DATE OF DEATH	MENTH DAY		840pm
(M)	3. SE)	male	4. RACE white		5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRT	YRS.		# UNDER 24 HRS
Page 12 house		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O BALTIMORI		DEATH	MD.
1 1 1 1	16	TY OR TOWN OF DEATH  BALTIMORE	(IF NOT IN SU	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET, MEMORIAL	ADDRESS)	ROTHER INSTITUTION TAL 21218	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST O		P. KIND OF NDUSTRY	BUSINESS OR
24 hour	13a. S	AL RESIDENCE HE NURSING HOME OF TATE	OR OTHER INSTITUTION	13c. CITY OR TOW		136. INSIDE CITY LIMITS? YES NO	138. STREET ADDRESS 723 Pulask	i Highwa	y 19	701
amplemely 1 and 2 sh	1	THER'S NAME FIRST  Alfred		aws on		15. MOTHER'S MAIDEN NAME Lydia	ME	Luel	lah	
be execu-		VAS DECEASED EVER IN U.S. A (15, NO OR UNKNOWN)  (16 YES. O  (16 YES. O  (16 YES. O	VE WAR OR DATES)	213-03-	3379	Mrs. Elizabe				e 21211
that the death ce i by the attending bake remove carbo of cremation, or a crematic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	(b)_	20.45	OKIA	ANY EDEM	A			
he faw requires on has been signer permet. Then pl ene prior to burn on any rejury, o	CERTIFICATION	PART 2. OTHER SIGNIFICANT  KENA  190 DAT OF OPERATION  11 21 83	L FA	ONTRIBUTING TO E		N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	RE FINDING	
HYSICIAN, T ading physics his certificate buildi-framul I Mental Hyg at frem 18 sN	MEDICAL CER	21a, ACCDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d, INJURY OCCURRED	EATH HOUR A	OF INJURY  A.M. MONTH DA  P.M.  E OF INJURY  TREET, FACTORY, OFFICE, F	19	216. HOW INJURY OCCURE 216. LOCATION STREET	RED (ENTER NATURE OF INJUI		OR PART 2)	STATE
ATTENDING P Higher or other CTOR, After the 3 for use on the i. of Mealth and ii. 21 is marked	W	WHILE AT WORK NOT WHILE AT WORK  220.1 certify that (1) (this has been did ) (did )	pital) attended t	the deceased from	11	d that i (my) (bur) opinion		23 19	d from the co	
HOSPITAL OR to the housed by the hospital DIE or all the Store Drain the Store	O III	224. PHYSICIAN'S NAME (1998	OR PRINTI	5	h.D	ATTENDING PHYSICIAN [	MEDICAL STAI	IAN	-	23/82
De Cara	23a. E	BURIAL, CREMATION, REMOVA	236. DATE 11/2			EMETERY OR CREMATORY Park Cem.	23d LOCATION CITY OF TOWN Baltimere			ryland
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FI	JNERAL DIRECTOR NAME Alan Seitz Fur	neral Ho	me 3818 R	oland		V 3 0 1982	a REGISTRAR	L Com	if "



	1.	FOR STATE REGISTRAR		DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL CATE OF DEATH	L HYGIENE	8 2 REG. NO.	2 8	/ 6 5
		CEASED NAME FIRST		MIDDLE	U	ST	20. DA	TE OF DEATH MON	TH DAY YEA	R 25 HOUR
oge 3	(TYPE	OR PRINT)	alph		Lawson		Hove	ember 20,	1982	9:30 Am
moy bo	3. SE		4 RACE		5. DATE O		6 AGI	(IN YEARS LAST BIRTHDA	Y) IF UNDER 1 Y	EAR IF UNDER 24 MRS
of to		Male	Cau		MONTH	19 0		81	YRS.	TTS HOURS MIN.
2 M	70. 81	RTHPLACE (STATE OR FOREIGN	75. CITIZEN OF	WHAT COUN	TRY? 8	NEVER MARRIED	9. BAL	TIMORE CITY OR CO	OUNTY OF DEATH	1
\$ THES		Md.	U.	S.A.	WIDOWE			altimore C	ity	MD.
1 11/10	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NU		ROTHER INSTITUTION		SUAL OCCUPATION OF WORK FOR MOST OF WO	12b. KIN PRKING LIFE) INDUST	D OF BUSINESS OR
Sta filed to		Baltimore	Mar	yland (	General	Hospital	1 -	ccountan		etired
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be file	USU/ 13a. S	L RESIDENCE (IF NURSING HOME OF TATE 13b. COU!	ROTHER INSTITUTION	GIVE RESIDENCE		13d. INSIDE CITY LIMIT	TS? 13e. S1	REET ADDRESS		
AND n 24 h		Md		Balt	to.	YES NO	59	Ol Falki	rk Rd.	21239
Marthin Marth	14. FA	THER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDE	NNAME	MIDDLE		LAST
MAR MAR		Sidney	В.	Laws	son	Magg	ie		Ne	lson
MORE, execute ond conditions and conditions and conditions and conditions are secutions.		AS DECEASED EVER IN U.S. AR	MED FORCES?		SECURITY NO.	17. INFORMANT		ADDRESS		
_		no		577-	10-4068	Elizabe	th S.	Lawson		lkirk Rd.
hysicia popers		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per	r line for (a), (b	), and (c).1					PROXIMATE INTERVAL
ST.,			TE CAUSE (a)	Cardio	Respira	tory Arres	t		11-	20-82 9:30A
ESTON death ce attendin bove corb tion, or a		4360	DUE TO, O	R AS A CONS	EQUENCE OF					
dea dea ofte ofte often roun		Conditions, if ony, which gave rise to immediate	(b)	Aspirat	ion				11-	20-82 4:30A
V. P.		couse (a), stating the underlying couse lost.		RAS A CONS						07.00
on w						ral Vascula				27-82
DS, 2 luires signe sen p o bur	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	TERMINAL D	ISEASE OR CONDITION	ON GIVEN IN PAR	110
RECORDS.	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WI	HICH OPERATION	N WAS PERFORMED	1 20a	AUTOPSY? 20	b. IF YES, WERE FIN	NDINGS USED
	IFIC						VEC	IN NOW	CERTIFYING CAU	ISES OF DEATH?
VITAL VITAL NN: The hysicion incore hysicions it incore in	EN P	210. ACCIDENT WAS UNDERLYING	216. TIME C	F INJURY		21c. HOW INJURY OF		NTER NATURE OF INJURY IN		
SICIAN 19 phy secretific rice-ringle from 18 from 18		OR CONTRIBUTING CAUSE OF DE.		.M. MONTH	DAY YEAR					
DIVISION OF  NG PHYSICIA offending pl ffer this certif for the buriolit h and Mental orked ar frem	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION		CITY OR TOWN	COUNTY	Y STATE
IVISION Of Property of the Control o	X	WHILE NOT WHILE	(AT HOME, ST	REET, FACTORY, OF	FICE, FARM, ETC.)	STREET		CITY OR TOWN	COONII	SIAIE
Africa Africa		22a.1 certify that (1) (this hosp	ital) attended th	ne deceased fr	om Augus	27. 19_	82 , to			2, that (we) last
TTEN pirtol TOR for u		sow the deceased obve as obove (1) (we) (did) (did)	Novembe	er 20,	19 <u>82</u> , on	d that in (A) (our) op	inion death a	ccurred on the date of	and hour and from	the couses stoted
hos hos hed hed hed		226. SIGNATURE	water the body	Oner acam.	(	DEGREE	75.056	1-10-00	22c. D.	ATE SIGNED
the hall OR AL DIRI		allam a	· Elu	KALIO	M.D	ATTENDI PHYSICI		CTOR PHYSICIAN	111.	-20-82
HOSPITA ned by FUNERA FUNERA I the Stot	1	22d. PHYSICIAN'S NAME TYPE	OR PRINT)			220 ADDRESS			Share y	
TO HOSPITAL reformed by 11 TO FUNERAL should be det with the Store	000	Allan J.C	hireu	s M	. P.	c/o Marv	land Ge	eneral Hos	pital	
55 54 3 3		URIAL, CREMATION, REMOVAL				METERY OR CREMAT		LOCATION CITY OR TOWN	COUNTY	STATE
748BP_7		Burial	11-23	3-82	Woodla	wn Cemete	ery	Balto.	COUNTY	Md.
DHMH - 16 50M 4/82	24 FU	INERAL DIRECTOR		ADDR	PESS.	25	a. DATE REC'I	D. BY REGISTRAR 25b.	REGISTRAR'S SIC	ZATER LILL
(VRA 15, 4)	Jo	ohn C. Miller	Inc.			Rd.	NOV	22 1982	1	

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een signed by the ottending physician and completely filled in by the turned to me.  3 in then please remove carbon papers. Pages 1 and 2 should be filled with transition, ar removal.  1 injury, or ather troumatic event, the medical examiner must be natified at	1 -	FOR STATE REGISTRAR				STATE OF MARY FOR HEALTH AND ERTIFICATE OF	MENTAL HY	GIENE 8 2		3 7	6 6
		CEASED NAME	FIRST	MIDDLE		LAST		20 DATE OF DEATH	MONTH DAY	YEAR 2	b. HOUR
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(MAIN)	3. SEX		4. RACE		5. 1	DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST B	RTHDAY) IF U		HOURS MIN.
ALL STATES	1	Female		White		11 22	19	62	YRS.		
133	M	RTHPLACE (STATE OR FO COUNTRY and	τ	ZEN OF WHAT CO	W		DIVORCED T	9. BALTIMORE CITY		DEATH	MD
illed will	Ba	ty or town of deat ltimore	(IF N	ot in such facility, of the Agnes	Hospi	tal .	STITUTION	120. USUAL OCCUPA LITYPE OF WORK FOR MOST Machine O	of working Life) perator	126. KIND OF I INDUSTRY <b>Kopper</b>	BUSINESS OR
35	13a S		g home or other in: 31 COUNTY Howard	13c. CITY	OR TOWN	13d. INSIDE	CITY LIMITS?	13e STREET ADDRESS 6620 Was	hington	Blvd.	21227
123	14 FA	THER'S NAME	WIDDLE		LAST	15. MOTHEI	R'S MAIDEN NA	MIDDLE		LAST	
19 (8)U		George		nington	Reid		Margare	et Le			gison
Poges	16a. V	VAS DECEASED EVER IN (ES, NO OR UNKNOWN) NO	N U.S. ARMED FO (IF YES, GIVE WAR OR	Differ	-01-742			Leasner, Jr			21144
ior I	ATION	Canditians, if ony, gave rise to imme cause (a), stoting underlying couse  PART 2. OTHER SIGNI  19a DATE OF OPERATI	ediote the lost.		ING TO DEAT	ry ast		ALS CONTRACTOR AUTOPSY?	20b. IF YES, W	ERE FINDING	GS USED
nsit perm rgiene pr	CERTIFICATION	21a. ACCIDENT WAS UNDE	PLYING 716	TIME OF INJURY		121r HOW	IN HIPY OCCUR	YES NO	IN CERTIFYIN		NO [
m 18 3		OR CONTRIBUTING CA	USE OF DEATH	OUR A.M. MOI		YEAR	III JORI OCCOR	(ENTER NATURE OF IN.	URT IN HEM 18 PART	OR PART 2)	
and Mental	MEDICAL	(IF EITHER, NOTIFY MEDICA  21d. INJURY OCCURRE  WHILE NOT WHILE AT WORK	D 21e.	P.M.  PLACE OF INJUR  HOME, STREET, FACTOR	Y RY, OFFICE, FARM.	19 21f LOCAT		CITY OR T	OWN	COUNTY	STATE
of Health		220.1 certify that (I) ( sow the deceased abave, (I) (we) (di	this haspital) ofte	12	19 82	, and that in (m	, 19 <u>81</u> y) (aur) apinian	deoth accurred on the			ot (I) (we) last ruses stated
AL DIKEC detached ote Dept. JT: If Item		226. SIGNATURE	SHE	y's		DEGREE	ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN 🗌	22c. DATE SI	7.82
should be det with the Stote IMPORTANT:		Dr. Hanif		V		St.		lospital			KE
- * 3 &	23a. E	BURIAL, CREMATION, R SPECIFY) Burial		/20/82		e OF CEMETERY OF Owridge N		23d LOCATION Elkridge	e How	ard M	laryland
- 16 50M 4/82 /RA 15, 4)		obard Funer	al Home,	Inc. 41	ADDRESS LO7 Wil	21229 kens Ave.	"NO	<b>扩</b> 19	25h AlGISTRAF	SSIGNATUR	ail of

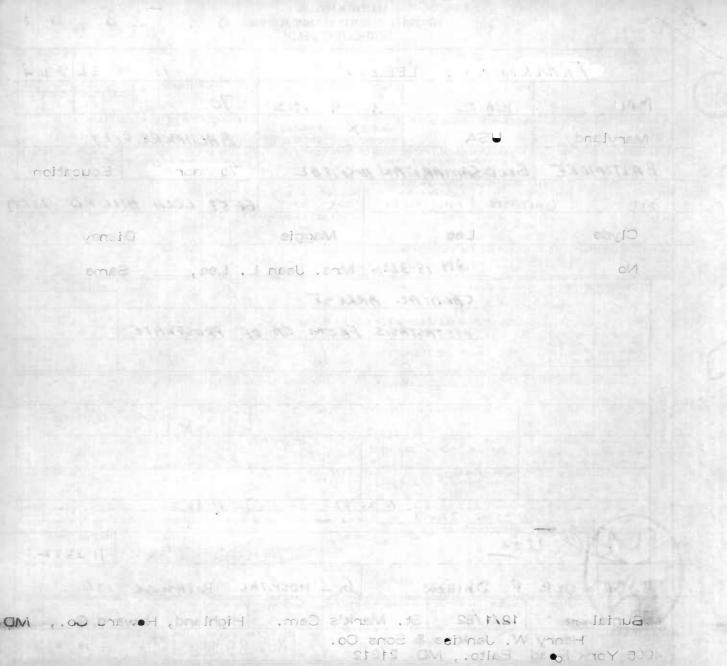
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	FOR STATE REGISTRAR		DEPAR	TMENT OF H	E OF MARYLAND LEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 2	2 8 NO.	1 6	5 /	
	I. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE		AST	20 DATE OF DEATH			HOUR	
moy be poge		NANCY		LEAV		NOV. 14			2:35 MA	
4 -2-2-	3. SEX Female	4. RACE Whi	te	5. DATE OF	iary °11, 1′9°58		YRS.	S DAYS HOL		
er death. Page with	Georgia		U.S.A. SINGULAR OF WHAT COUNTRY? 8. MARRIED NEVER WIDOWED DA			DATTI	OR COUNTY OF D			
by the fullified with	BALTIMO	RE THE	THE JOHNS THOPKINS HOSPITAL				ATION 121 TOF WORKING LIFE) IN	b. KIND OF BUSING	SINESS OR	
P P P	USUAL RESIDENCE (IF N	136 COUNTY	Washing	Ton	13d. INSIDE CITY LIMITS?	139 STREE LADDRES	ig St.	V.		
ad within mpletely and 2 sh	Robert	Noore	Leavel	1	15. MOTHER'S MAIDEN N Carro 11	AME B. MIDDLE	Bou	unds <sup>last</sup>		
ficate be executed within 24 physician and completely filled pages?. Pages I and 2 should maval.	(AE2" MAS DECEASED E/	ER IN U.S. ARMED FORCE			Robert N. Le		oress Spring St.	. Washi		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.  NG PHYSICIAN: The law requires that the death certif- offending physician.  Wer this certificate has been signed by the attending pl as the burial-transit permit. Then please remove carbane th and Mental Hygiene prior to burial, cremation, or rem arked or them 18 shows any injury, or other traumatic eve	PART 2. OTHER S  19a. DATE OF OPE	oring the DUETC (c		O DEATH BUT	Lymp Kome NOT RELATED TO THE TER		20b. IF YES, WEF	RE FINDINGS (		
ON OF VITAL RE ON OF VITAL RE HYSICIAN; The lo ding, physician. Is centificate hos buriol-transit per Mental Hygiene or frem 18 shows o	OR CONTRIBUTING	CAUSE OF DEATH HOUR	AE OF INJURY	DAY YEAR	21c. HOW INJURY OCCU	YES NO	YES NURY IN ITEM 18 PART 1 C		<u> </u>	
DING PHYSICIAN: or attenting physicians at a the buriel-tran oith and Mental Hy marked or them 18	21d. INJURY OCC	URRED 21e. PLA	CE OF INJURY E. STREET, FACTORY, OFFICE		21f. LOCATION STREET	CITY OF	TOWN C	COUNTY	STATE	
R ATTENDI haspital as RECTOR: A red for use spt. of Heal		(I) (this hospital) attende cosed alive on c) (did) (did not) view the b			nd that in (my) (aur) apinia		1	fram the cause	VED	
TO HOSPITAL O retained by the TO FUNERAL DI should be detack with the State DO IMPORTANT. If I	Ca	MAME (TYPE OR PRINT)	ang	NAME OF		okans Hosp		4/14/	82	
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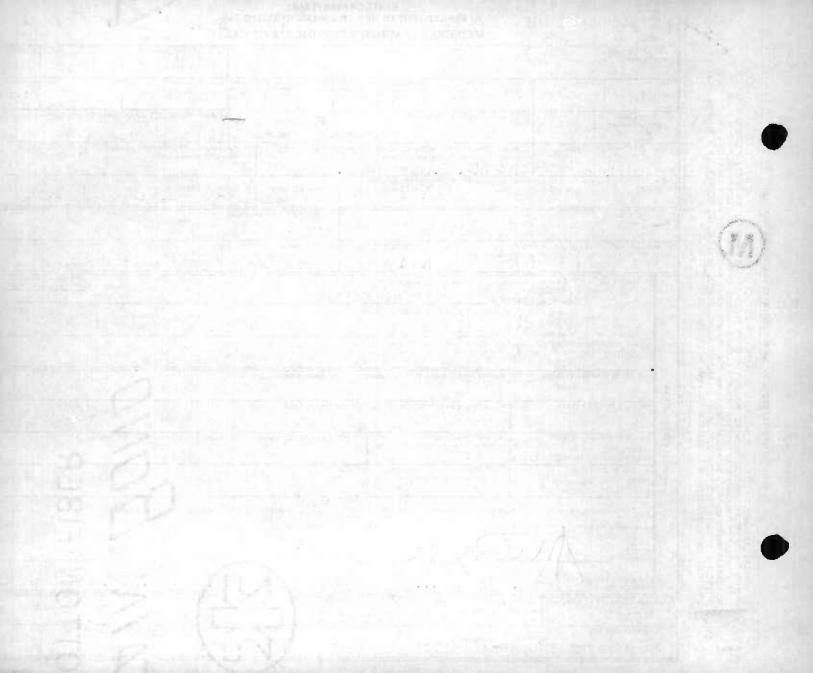
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	1-	FOR STATE REGISTRAR		DEPARTM	STATE OF PARTY OF HEALTH	H AND A	MENTAL HYG	IENE 8 2	2.	8 /	6
	1. DE	CEASED NAME FIRST		MIDDLE	LAST			20. DATE OF DEATH	MONTH DAY		26. HOUR
~ (~	1	HERE	BERT	LE	DGERWOO	מכ		11/14/62	NOV. 14	1/80	100 1
-	3. SE:		4. RACE		5. DATE OF BIR	тн		6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24
AN.		Male	Whi	te	монтн <b>3</b>	9	09	73	YRS.	NIHS DAYS	HOURS
3		RTHPLACE (STATE OR FOREIGN COUNTRY)  Illinois	76. CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWED		AARRIED X	9. BALTIMORE CITY O			
314	10 C	Baltimore	11. NAME OF	HOSPITAL, NURSING THE FACILITY, GIVE STREET A MEMORI	(DDRESS)			120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION	12b. KIND OF INDUSTRY	BUSINES
Tanto	USU	AL RESIDENCE LIF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)						-
まり	130. 5	STATE 13b. CO	UNTY .	13c. CITY OR TOWN				13e. STREET ADDRESS		D3	
1	IA E	Md.		Balto.		OTHER'S	MAIDEN NAM	4220 Ha	iriora.	Road	
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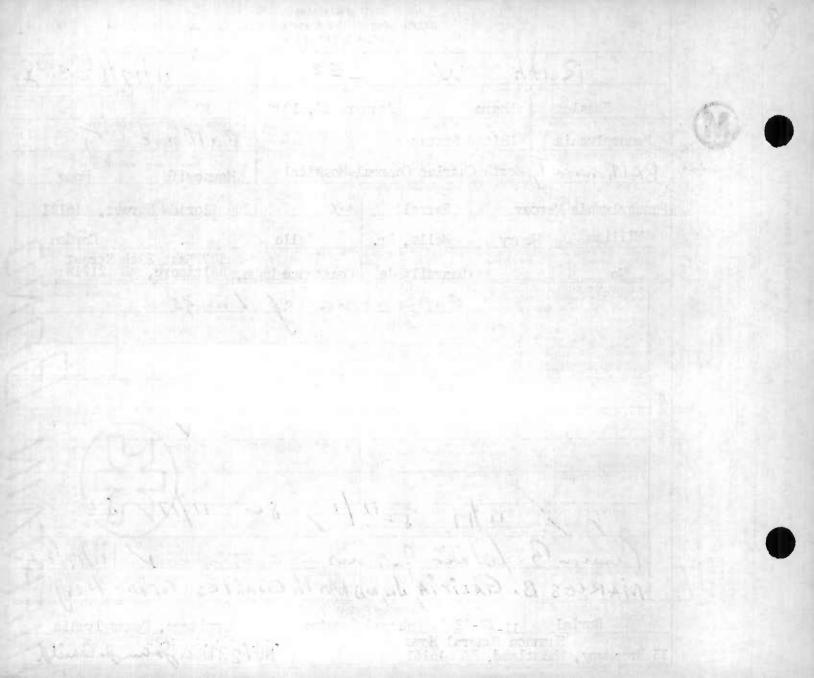
3 B	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2 2 REG. NO.	8 7 6 9
	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	Ta. DATE OF BEATTY	DAY YEAR 2b. HOUR
(2)			EE		28 82 7.30 AM
	3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
1 0	MALE	White	3 9 1912	70 YRS.	
A mercil of	Maryland	75. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	
1 1 45	BALTIMORE	11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET GOOD SAMARIT		126 USUAL OCCUPATION 1TYPE OF WORK FOR MOST OF WORKING LIF Teacher	12b. KIND OF BUSINESS OR INDUSTRY Education
within 24 hour litery filled in d.2. hould be t	14 FATHER'S NAME	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY ISC. CITY OR TOW	ADMISSION) 13d. INSIDE CITY LIMITS? YES \( \frac{1}{2} \) NO \( \frac{1}{2} \) 15. MOTHER'S MAIDEN NA	ME	HILL RD . 21239
W 1 6000	Clyde	Lee	Maggie		Disney
IMORE In and c	160. WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	RITY NO. 17 INFORMANT.  3225 Mrs. Jean	L. Lee.	Same
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be received within 24 fraging of the certificate by station. Ottending physician and completely illied in by stations the certificate has been signed by the ottending physician and completely illied in by the outsid-transit permit. Then please remove corbon papers fragile. I mad 2 should the fit and Amental Hygiene prior to buriol, cremotion, or removal.  Orked or frem 18 stokes ony injury, or other troumotic event, the medical examining member or seal of the control of t		DUE TO, OR AS A CONSEQUE  (b) METAST  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO 1	ASIS FROM CA	OF PROSTRATE	
TAL RECOR	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
OF VITA  CIAN: Th  physicic  physicic  physicid  physici		HOUR A.M. MONTH DA	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
IVISION O	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211. LOCATION	CITY OR TOWN	COUNTY STATE
ATTENDIN ospitol or ECTOR: Af d for use o f for use o t. of Heolth	sow the deceased alive or above_H) (we) (did) (d.1	itol) ottended the deceosed from 11.28.82 7.201719		deoth occurred on the date and hou	
TAL OR by the hard by the hard by the hard black detocher tote Dep	22b. SIGNATURE	lon		MEDICAL STAFF DIRECTOR PHYSICIAN	1) · 28 · 8 2
HOSPI TO FUNE should be with the S	22d PHYSICIAN'S NAME (TYPE	P. Dhillow		TAL. Backimone	-MD
1/38	230 BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	(SPECIFY) Burial		. Mark's Cem.		vard Co., MD
DHMH - 16 50M 4/B2	PARE PUNERAL DIRECTOR Henry	W. Jenkins&	Sons Co.	TE REC'D. BY REGISTRAR 256 REGIST	
(VRA 15, 4)	4905 York Read	d Balto., MD	21212	V 29 1982   Sea	ale Carriell



art	1 - STA			G574 12/3 MI	DEPART	MENT OF	HEALTH	AND M	ENTAL H	YGIENI F DEA	E 2	REG. N	2 8	7	1	0
# # # # # # # # # # # # # # # # # # #	1. DECEA	SED NAME	FIRST LEW I	S	MIODLE E.			LAST LEE		2	OF DEATH		MONTH	5 ·	YEAR 82	26. HOUR
IS NECESSARY, PLEASE E UNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHIN 72 HOURS I WE RESTON STREET,	3. SEX Ma]		A RACE Black	5 DATE OF BIRTH		6. AGE (IN YE LAST BIRTHD	ARS IF UN	DER 1 YR.	IF UNDER		RONOUN DEAD		монтн	DAY	YEAR 19 82	2d. HOUR 6:26
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FANY DELAY IS NE. AND 3 TO THE FUN. RETAIN PAGE 5. F. SHOULD BE FILED, W. PEGCARDS, 201 W. 1	F	or town o	ore	1100 bl	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  12a USUAL OCCUPATION (TYPE OF WORK)  FOR MOST OF WORKING LIFE)								176 KIND OF BUSINESS OR INDUSTRY			
21201 F ANY D AND 3 T RETAIN HOULD I	USUAL RI 13a STAT	SIDENCE (	IF IN NURSING HOME (	OR OTHER INSTITUTION, ( ITY	GIVE RESIDENCE	OR TOWN	ON)	13d. INSIDE (	ITY LIMITS?		ET ADDRES	s Brade	lish	Ave	21	216
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JRS GRANT WITH A CONTROL OF CONTR	YES	O. OR UNKNOW	(IF YES, GIVE	war or oates)	214	-10-519		1000	is Le	ee	280	ADDRES			e.	
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI RITING THE WORD "PENDING" IN PENCIL IN 1EM 1 RDED TO THE CHIEF MEDICAL EXAMINER ALONG 25 SHOULD BE USED AS A BURIAL. TRANSIT PERMITE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Candition gave ris couse (a) lying caus	s, if ony, which e to immediate stating the <u>under-</u> se lost.	TE CAUSE (o)	R AS A CON	ISEQUENCE	OF OF		N GIVEN IN PAR	T I ra						
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG AT FOR DIRECTOR, PAGE 3 SHOULD BE USED AS A BURAL-TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTWAORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	WEDICAL WEDICAL WAS A STATE OF THE STATE OF	DERLYING ONTRIBUTIO INJURY O HILE WORK	OR IG CAUSE OF CCURRED NOT WHILE AT WORK y that I took charged d from: Natur	DEATH P./	M. MONTH M.  OF INJURY CTORY, FARM, E escribed obo Accident	ove, held on Su	21f. LOG S' Autops icide	Homic TITLE (S	Inspection	Undete	Inquiry rmined ma	OI, OI	co nd in my op DATE SIGNE	Dinion	-5-82 201	STATE
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age 3 death		CEASED NAME PIRST	MIDDLE	1.	1,9	EE	REG. N 20. DATE OF DEATH	MONTH DA	Y YEAR	th HOUR O
ga d	3. SE	×	4. RACE	T	S. DATE OF B	IRTH	6. AGE   IN YEARS LAST BIR	THDAY IF	UNDER 1 YEAR	IF UNDER 24 HRS
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and	13a.	AL RESIDENCE IN NURSING TO COUN	OTHER INSTITUTION, GIVE RES ITY 13c. CI	TY OR TOWN		INSIDE CITY LIMITS?	13e. STREET ADDRESS			TELL
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r the a remate remate her tra		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUEN	CE OF			V -		
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teoffs o m m		22a. I certify that (I) (this hospit			11	19_8	V, ta_ 11/1	7 19	0 2 th	at (1) (we) last
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		BURIAL, CREMATION, REMOVAL	23b. DATE			ETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
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BAL	HOURS AFTER DEATH. EM 18. GIVE PAGES 1, NG WITH FORM PM ERMIT. PAGES AND 2 IENE, DIVISION OF VIEW. AL.		_				20-818	Ţ	party	мер	Terr	DOX JZ	z Keiit	or rug	APPROXIMAT	
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۵	THIS CERTIFICATE SHOULD IS, WRITING THE WORD "PER WARDED TO THE CHIEF M PAGE 3 SHOULD BE USED A STATE DEPARTMENT OF HEAD 21201 PROR TO BURIAL, C		AT WORK	AT WORK												
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	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SHITMORE, MARYLAND,	1	EXAMINER'S (TYPE OR PRI		homas D.	Smith	, M.D.		ADDRESS_	111	Penn	St.	Balto.	., M	).	1-5
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Magro Jan. 5, 1924 55 Sta Zer U.SAA. Ossbied 901 Edmondson Avn. -o.idla Hocewell 227-20-8181 Smily Noblect Box 522 Kembridge, VA23944 뿌르네지 바퀴, 밤꼬 그는 뭐 아래려면 하게, 빠져 있다. Dec. 3, 1987 Unity Septist Courch Convery Remorfage, VA

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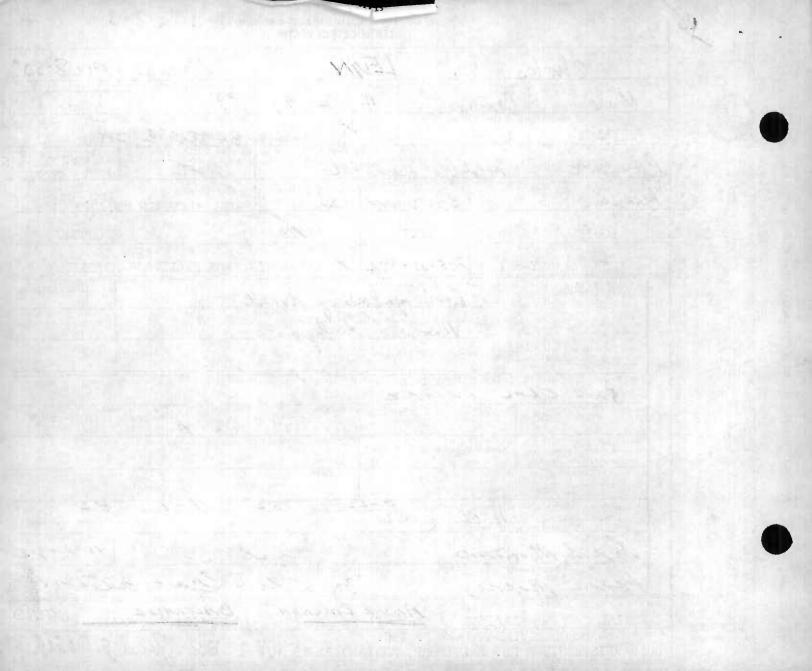
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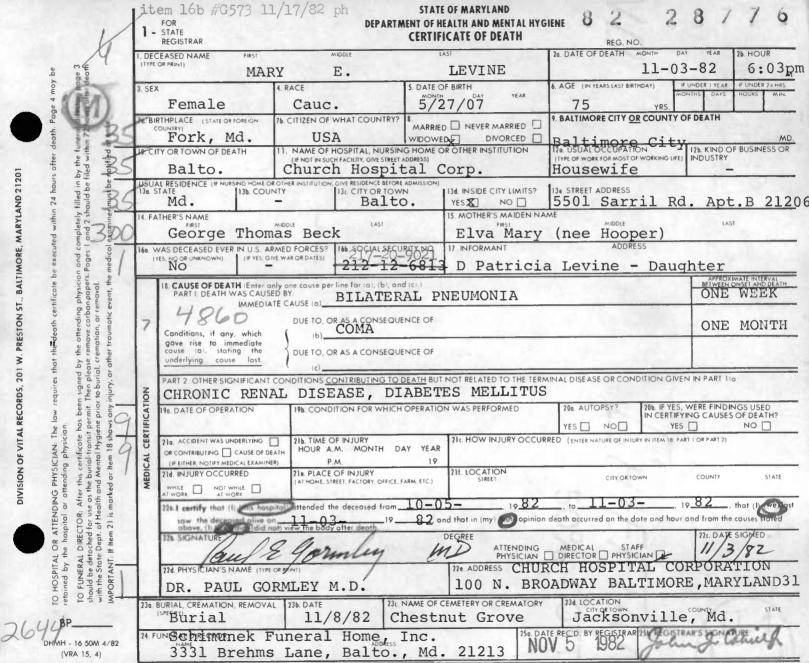
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	L	REGISTRAR		CERTIFICAT	E OF DEATH	REG. NO.		
\$ \$4.0 E		CEASED NAME FIRST PAUL	DANIEL	LESCALLE ET	SK.	20. DATE OF DEATH MONTH	13 82	2b. HOUR 11:18P
moy b	3. SE		4. RACE	5. DATE OF BIRT		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
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BALTIMORE, cote be execution and copers. Pages 1 val.		VAS DECEASED EVER IN U.S. A	SINE WAR OF TIES	OCIAL SECURITY NO. 17 IN	FORMANT L	-ESCALLEGT	SEME	21224
F 9 55 8	-	18 CAUSE OF DEATH (Enter		r (a), (b), and (c)	4V-11E	25 (PILLED)	APPROX	MATE INTERVAL ONSET AND DEATH
t ST., BAI certificate ng physic ban pope remaval.		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)	aprintare	Pailer	0	95.	
oth ce ending a carbin ar		1629		CONSEQUENCE OF	)	0	Duen	mosea
PRESTON he death of emave carl mation, ar	1	Conditions, if any, which gave rise to immediate cause (a), stating the	(0)	town letter Cr	e come	a of dung	. 91	006
that the by the sase rall, cre		underlying couse last.	(c)	CONSEQUENCE OF				
aquires the again of the plea to burial, are	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT R	ELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART 11	a
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ALREGAN.  And the lay and the lay the	CERTIFICATION					YES NO NO	CERTIFYING CAUSES YES	OF DEATH?
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TEN ortol or us of He 21 is		saw the deceased alive above. (i) we) did (did				death accurred on the date on		causes stated
		22b. SIGNATURE	nor) view the body after a	DEGRE			22c. DATE	
TAL O y the SAL D detac ote D vT: # I		Dreila	of De	fees mp	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2 11/	13/82.
HOSPITAL ned by the FUNERAL old be detected of the State ORTANT:		224 PHYSICIAN'S NAME (TYPE	E OR PRINT)		ADDRESS			
TO HOSPITAL Peterined by the TO FUNERAL should be det with the State IMPORTANT:		sheila.	L. HUGHE			SALTIMORE	- md.	
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- 6		Male	Caucos	ia	MONTH 4	16 43	89		AYS HOURS MIN.
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ATTENDI or spitol or spitol or use for use of Heal		22a. I certify that (I) (this haspi sow the deceased alive an obave, (I) (we) (did) (did no 22b. SIGNATURE	11-1	198		2 , 19 22 I that in (my) (our) opinion de EGREE		e and hour and from	
PITAL OR A by the hor ERAL DIREC e detached State Dept. If frem		Frank MIL 22d PHYSICIAN'S NAME (IVPE O	milme	>	1	ATTENDING	DIRECTOR PHYSICIA	11	ATE SIGNED
TO HOSPIT. TO FUNER. Should be dwith the Sto		frank m	oppers			301 55 Pre	L Cha	e BALT	me
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DHMH - 16 50M 1/B1 (VRA 15, 4)	24 FU	NERAL DIRECTOR SOL LE 10 REISTERSTOWN	VINSON & N RD. BAL	BROS., IN	VC.	250 DATE	REC'D. BY REGISTRATE 4 1982	John &	





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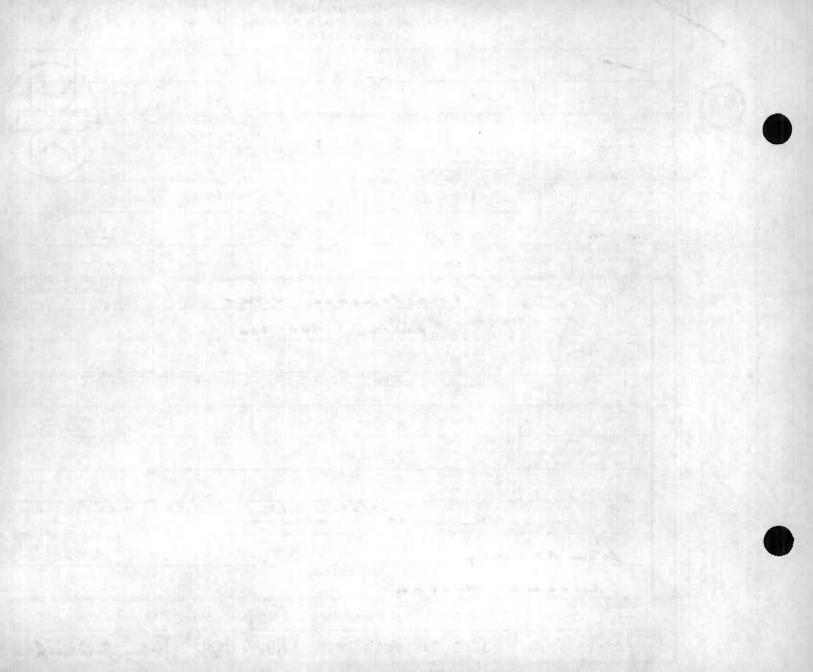
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	V			STATE OF MARYLAND	8 2	2 8 7	10
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poge	0.050	JOSEPH	W	LEWATOWSKI  15. DATE OF BIRTH	November 2.		IF UNDER 24 HRS
or, p	3. SEX	211	1111-	MONTH DAY YEAR	233	MONTHS DAYS	HOURS MIN.
urs	11	14LE U	UHITE	3 // /93	9. BALTIMORE CITY OR	COUNTY OF DEATH	
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P8 \$/	16a V	VAS DECEASED EVER IN U.S. ARMED I YES NOOR UNKNOWN) (IF YES, GIVE WAR		CURITY NO. 17. INFORMAINT	10 1st 10	nelana	a.
		NU		VOS. LEW	HIOWSKI 17	TCLIM APPROX	MATE INTERVAL
To the	-	18 CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY:	cause per line for (a), (b),	and (c). INTERSTIAL	PNEUMONIA R	L GITT BETWEEN	ONSET AND DEATH
000		IMMEDIATE CA	USE (o) LUNG W.	ITH PULMONARY F	ALLURE		
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die de	2	PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR COND	ITION GIVEN IN PART IT	d.
+ 0 A P	CERTIFICATION	19a. DATE OF OPERATION	19h CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20g AUTOPSY?	206. IF YES, WERE FINDI	
2 2	5	M. DATE OF CITETION		ONECTOMY-LUNG A	R CHECK NOW	IN CERTIFYING CAUSES	S OF DEATH?
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199	1 25	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH				
1 Sec. 1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	211 LOCATION		N COUNTY	STATE
o pa	ME		(AT HOME STREET, FACTORY, OFFIC	E, FARM, ETC ) STREET	CITY OR TOW	N COUNTY	SIAIE
alth o		22a I certify that (1) this hospital) of	ettanded the deceased from	SEPTEMBER 17 E	32 to NOVEMBE	R 23, 82	that (I) we) last
1 10		saw the deceased clive an NO obave, (1) (we) die) (did nat) vie	VEMBER 23	82 , and that in (my) (aur) opin	ian death occurred an the dot	e and haur and from the	causes stated
2 9 E		226 SIGNATURE		DEGREE		22c. DATE	SIGNED
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O RTA		S.K. PRASAD S		100 N. F		TIMORE, M	D. 21231
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	19	BURIAL, CREMATION, REMOVAL 23	161/01 Z	NAME OF CEMETERY OR CREMATO	O BARDWA	MADCOUNTY	MAD
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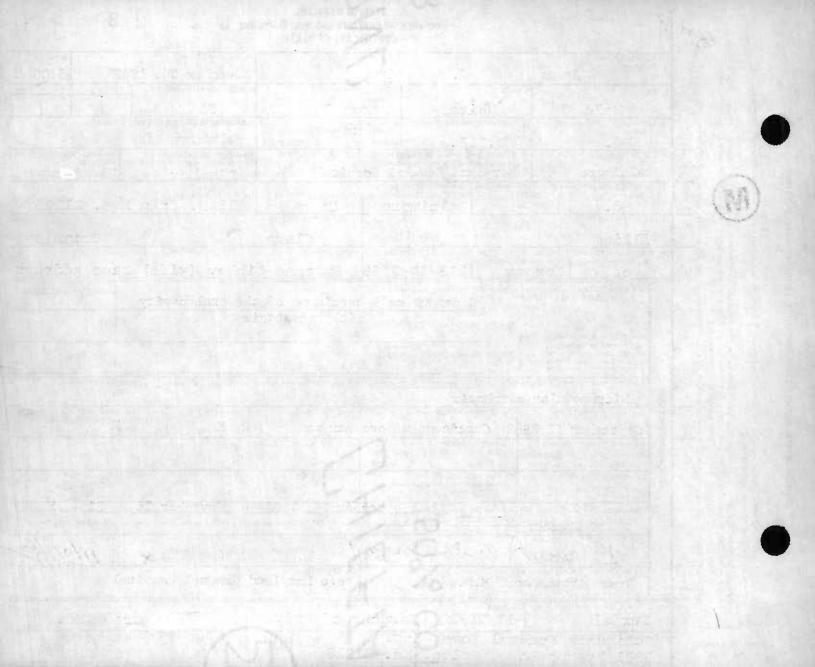


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(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	AS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) I IF YES.	ARMED FORCES? GIVE WAR OR DATES)	213-01-5		Darlen	e Wrote	en 405	Mary		nue 21	L090
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	270 I certify that (1) (this ho saw the deceased olive above (1) Type (1) did 200. SIGN TORE  Malcol  270. PHYSICIAN'S NAME (TYPE)  MALCOLIM	on not) view the body of	ther death.		DEGREE AT P 22e ADDRESS	TENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA	ND	22c. DATE	
23a. BU	JRIAL, CREMATION, REMOV	AL 23b. DATE	23c. NA	ME OF C	EMETERY OR C		23d. LOCATIO				7,000,000

DHMH - 16 50M 1/B1 (VRA 15, 4)

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Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

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G. P.	CC	THPLACE (STATE OR F DUNTRY) ennsylva		U.S.	A.	MARRIE WIDOWE		MARRIED	Balt	J. J. W. W. S.			MD.
3 15	IO. CIT	Y OR TOWN OF DEA	TH		HOSPITAL, NURS		R OTHER INS	TITUTION	120. USUAL O	CCUPATIO	N	126 KIND (	OF BUSINESS OR
10 s 11 /20	B	altimore	0	510 R	Rossite	r Ave	nue		Facto	rv W	orke	rWind	ow Bline
212 A in be	13a, S1	L RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)		CITY LIMITS?	13e. STREET AL				
NN 24 Filler 24		ryland	136. COUN 21	212	Balti	nore	YES	NO [	510	Ross	iter	Aven	ue 21212
MARYLA ed within mpletely and 2 sh		HER'S NAME FRST FRANK	٨	MIDDLE	Shill		15. MOTHER	'S MAIDEN NA FIRST	ME	MIDDLE			AST
MORE, I	16a W	AS DECEASED EVER		MED FORCES? E WAR OR DATES)	166 SOCIAL SE		17 INFORM		Valker	ADDRES		212 Rossi	12 ter Ave
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of a certificate by sicion on completely filled in bios the buriol-transit permit. Then please remove carbon papers. Pages if and 2 should be fit to and Mental Hygiene prior to buriol, cremation, or removal.  The notation of the property of the property of the medical examiner and show any injury, or other troumotic event, the medical examiner misstable in order or them.	MEDICAL CERTIFICATION	18. CAUSE OF DEAT PART I. DEATH W  17 49 Conditions, if ony, gove rise to imm cause (a), stotin underlying cause  PART 2. OTHER SIGN  9a. DATE OF OPERAT  21a. ACCIDENT WAS UNCOR CONTRIBUTING C (IF EITHER, NOTHER MEDIC 21d. INJURY OCCURE  WHILE NOTHER NOTHER MEDIC 21d. INJURY OCCURE	which nediate g the lost.  VIFICANT CO  VIFICANT CO  AUSE OF DEAT  CALEXAMINER)  RED	DUE TO, CO  DUE TO, CO  CO  DUE TO, CO  CO  DUE TO, CO  CO  196. COND  196. COND  TH  P  216. PLACE	OR AS A CONSEGUENT AS A CONSEG	DUENCE OF DEATH BUT TH OPERATION DAY YEAR	N WAS PERFO	D TO THE TERM  DRMED  NJURY OCCURI	YES THE NATU	NO X	206. IF YES IN CERTIF YES IN ITEM 18. PA	EN IN PART 1 , WERE FIND YING CAUSE	
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/-/ // BP		VERAL DIRECTOR		Mov. 2	1, 82M	Lilers	ATTTE		emeter				
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TO F shoul	23a B	URIAL, CREMATION,	REMOVAL	23b DATE		23c NAME OF	7	. 0	23d. LOC	ATION		3/211	
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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 7h HOUR TYPE OR PRINTS Bernard E. Linton, Sr. 200 4 RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 26 ďå Male White 74 BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 120 WIND OF BUSINESS OR INTEREST OF CURRENCE OPERATOR OPPER CHARSE USUAL RESIDENCE (IF NE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 131. CHY OF TOWN 13d. INSIDE CITY LIMITS? 2908 Freeway Lansdowne Baltimore Maryland NO X 14. FATHER'S LAME 15 MOTHER'S MAIDEN NAME AND DUE MIDDLE Hill Kate Linton George 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT LIF YES, GIVE WAR OR DATES! 217-05-6427 Cecelia C. Linton 2908 Freeway 21227 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY NO 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 71n ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) COUNTY NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on obove, (1) (we) (did) (did to winny the ba and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN | DIRECTOR PHYSICIAN 22d. PHYSICIAN SHAME 22e ADDRESS ragan 23a. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 236. DAT

DHMH - 16 50M 1/B1 (VRA 15, 4)

Item 18

24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

Burial

11/30/82

St. Stanislaus Cem.

Baltimore Maryland 250 DATE REC'D. BY REGISTRAR TO REGISTRAR'S SIGNATUR

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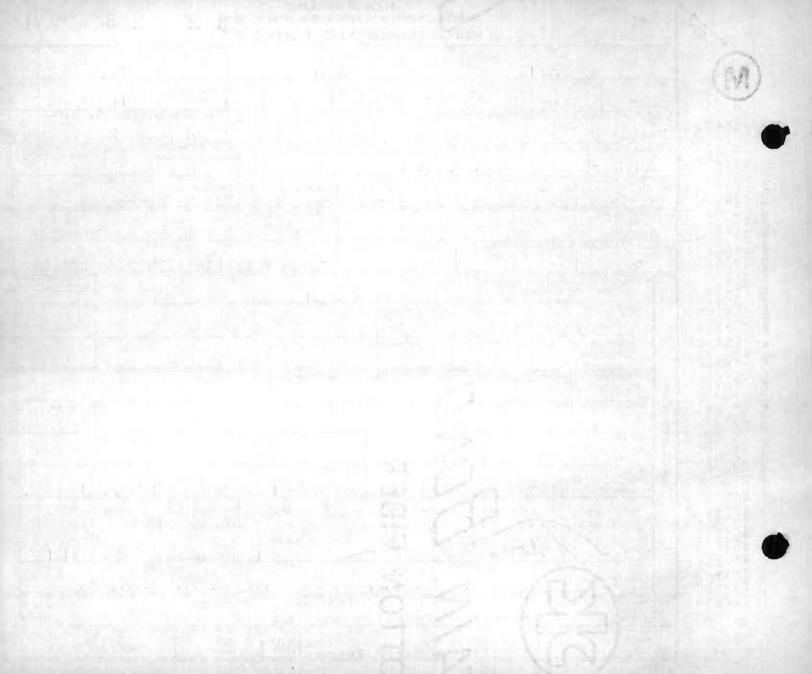
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME £A5T 20. DATE OF DEATH MONTH 2b. HOUR 0. ELIZABETH LIPSCOMBE NOVEMBER 18 1982 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHOAY) Oct. 1910 Female White BIRTHPLACE I STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED MEVER MARRIED saltimore. BALTIMORE CITY , DIVORCED 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) THE OF WORK FOR MOST OF WORKING LIFE Homemaker BALTIMORE THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c.CITY. OR TOWN 21224. 13. STREET ADDRESS Milton Avenue Baltimore 13d. INSIDE CITY LIMITS? Md. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Louisa Frank Redtman Behrns Raltimore. ADDRESS Maryland ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT 212-01-5564B-Lawrence W. Lipscombe-101 N. Milton No AUC. -21224 . BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I, DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY COUNTY STATE AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN 220.1 certify that (1) (this hospital) attended the deceased from. and that in (my) (our) apinion deoth accurred on the date and hour and from the causes stated sow the deceased alive on abave, (1) (we) (did)(did not) view the body after death 22c. DATE SIGNED 22b. SIGNATURE DEGREE G.O. Kelen ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS should be with the G.D. Keles 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Mt. Olivet Cemeteru-Maltimore. Maryland 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 Baltimore, Md. 21224 (VRA 15, 4)

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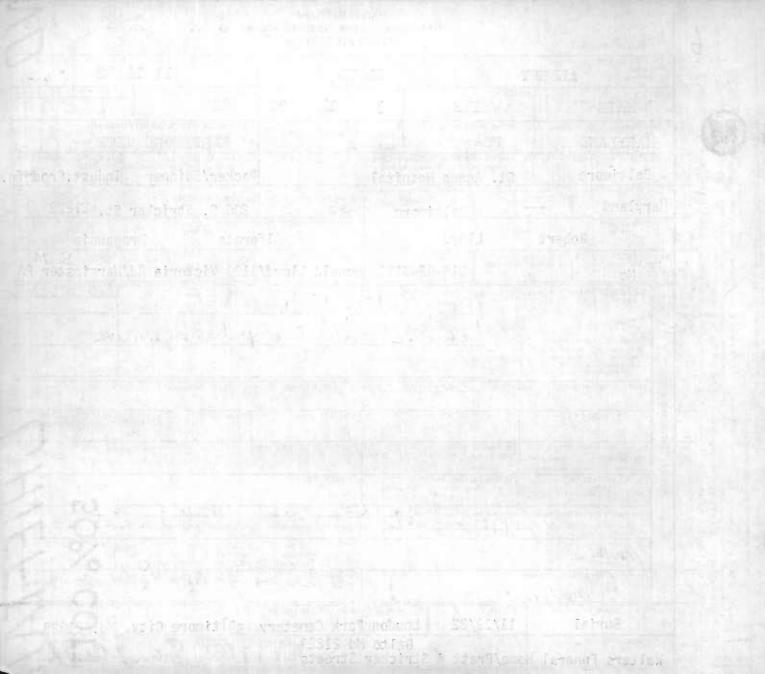
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16 50M 4/ A 15, 4)	′B2		O REISTERS	L LEV TOWN	INSON &	BROS.,	INC. MARYLA	ND 21215 256. D	NOV:	2 9 1982	25b. REGISTI		Canie	d

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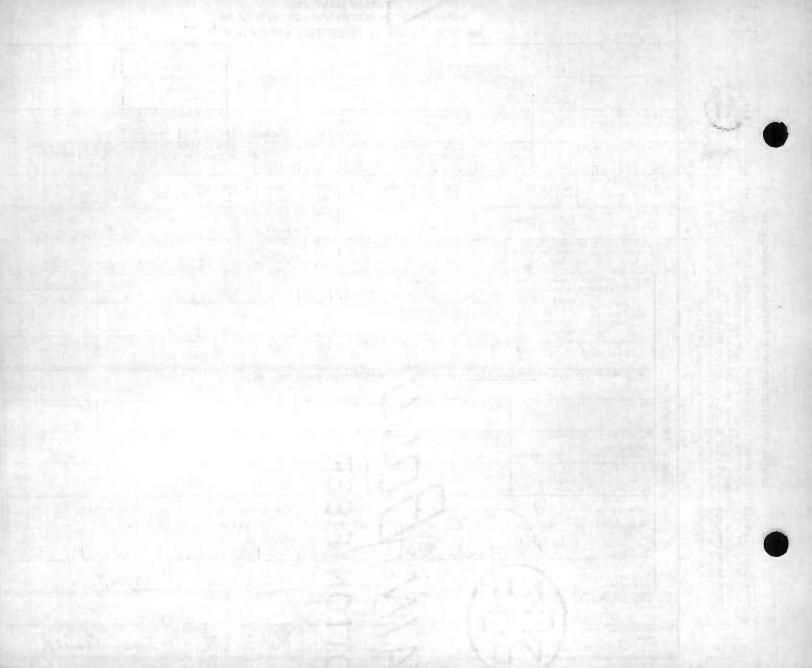
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH DAY YEAR 2b. HOUR (TYPE OR PRINT) OF ESTI-Arnold Little 19 82 4. RACE S DATE OF BIRTH A AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS MONTH 2d. HOUR DATE MONTH LAST BIRTHDAY PRONOUNCED 3:49F DAY 5 64 18 YRS DEAD 1982 male Blakc 17 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Maryland USA Baltimore City WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENDIN SET TOWN A CHER PAGES 1, 2, AND TOTHER PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM FM. 3, BEFAIN PAGE TO BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM FM. 3, BEFAIN PAGE 19 SHOULD BE USED AS A BURBAL TRANSIT PERMIT. PAGES 19 NDO. 2 SHOULD BE RESERVED AFFER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEINE, DIVISION OF WITH RECORDS. 27 BALLIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL. II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Sinai Hospital Baltimore IN IAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) In STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b COUNTY Baltimore Maryland YES 3 NO [ 1724 N. Monroe St. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST LAST EIRST Little Ruth James Hannah 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 146. SOCIAL SECURITY NO. 7 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) James T. Little 1724 N. Monroe St. No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a) Gunshot wound of chest DUE TO, OR AS A CONSEQUENCE OF if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X NO [ 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) \* OR HOUR XXXXMONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 3.15.M. Subject shot 1982 216 INJURY OCCURRED 21e PLACE OF INJURY IL LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN street 3600 Blk. Fallstaff Rd. Baltimore City. X 220. I certify that I taak charge of the remains described above, held a Autopsy Inspection Hamicide X death resulted from Undetermined manner TITLE (SPECIFY) Deputy Chiefhedical EXAMINER 11/10/82 EXAMINER'S NAME Thomas D. Smith. M.D. III Penn St. Balto., MD. (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b, DATE 23d. LOCATION 236 NAME OF CEMETERY OR CREMATORY STATE Md/ Catonsville Eastview Mem. BURTAL pk 24 FUNERAL DIRECTOR **DHMH - 17** 1982 VR A15 ME (5) Wm.C.March F/H Inc. 1101 E. North 20M 4/B2

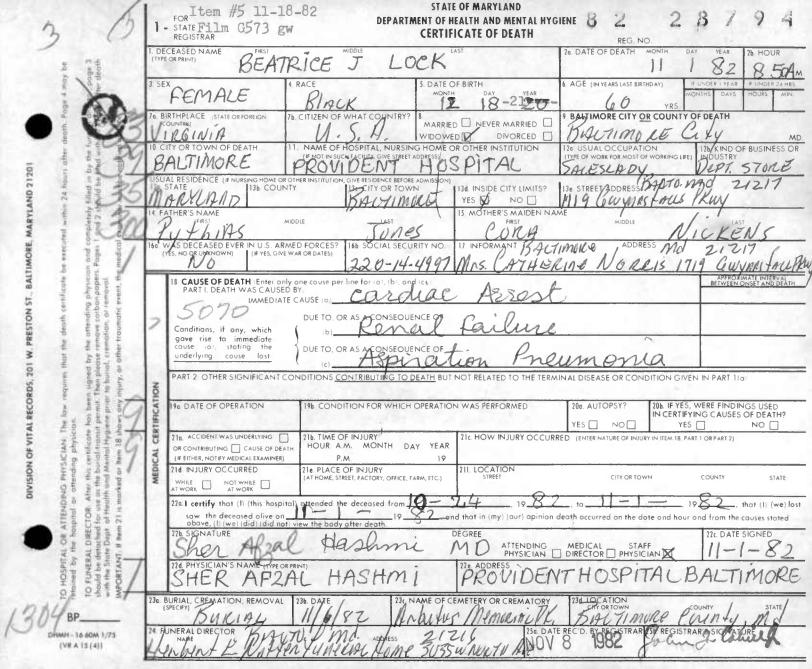


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BALTIMORE, cote be execu- systican and co- apers. Pages 1 vol.		VAS DECEASED EVER IN U.S. AR es no or unknown) (IF yes, GIV NO		214-05-3		Donald Lloy	yd/1:	ADDR 190 Victor			18974 nster PA
iDS, 201 W. PRESTON ST., BA quires that the death certificat signed by the attending physic her please remove carban pap to burial, cremation, or removal niury, or ather traumatic event, it	NO	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gave rise to immediate cause  a , stating the underlying cause lost.	DUE TO, OR AS	S A CONSEQUE	NCE OF	by failer by by helice NOT RELATED TO THE	TERMINA		y dise		0**
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir r attending physician. After this certificate has been sig as the burial-transit permit. Then this and Mental Hygiene prior to be arked or Item 18 shows any injury	CERTIFICATION	190. DATE OF OPERATION	196 CONDITIO	N FOR WHICH	OPERATION	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES, IN CERTIFY YES		NGS USED S OF DEATH?
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UC PHYSIC attending ter this cer is the burion hand Mentitled or Itel	MEDICAL	21d INJURY OCCURRED  WHILE ON INDITION OF THE AT WORK	21e PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, F	ARM, ETC.)	ZIF LOCATION STREET	3	CITY OR TO	OWN	COUNTY	STATE
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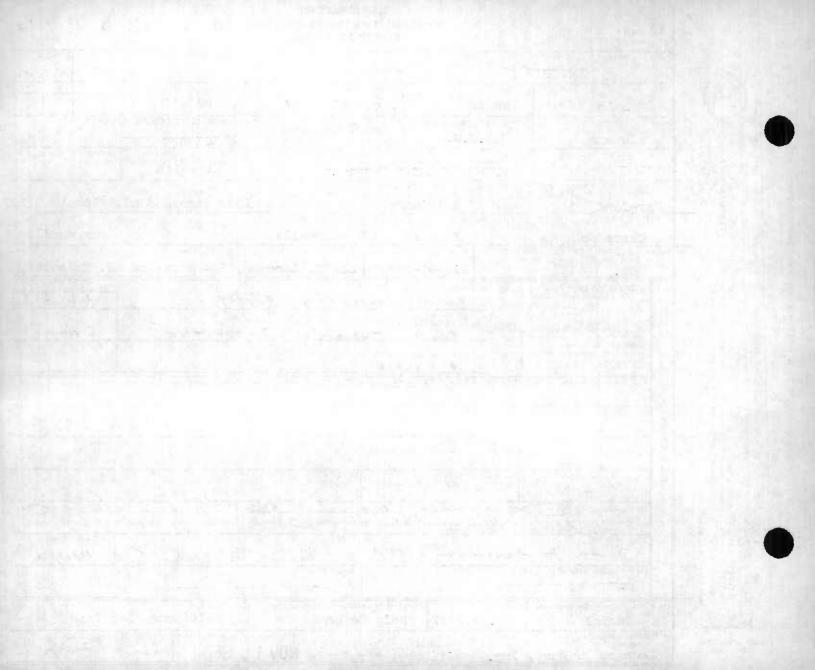
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	THIS CI WARDE WARDE PAGE 3 STATE D 21201		AT WORK	AT WORK						(\$/7)					-			
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	TO MEDICAL EXAMINER: THIS CES EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BARTIMORE, MARYLAND, 21201 P	23a P	TYPE OR PRINT	ON, REMOVAL 2				AME OF CEM		ADDRESS_			CATION			, 110		
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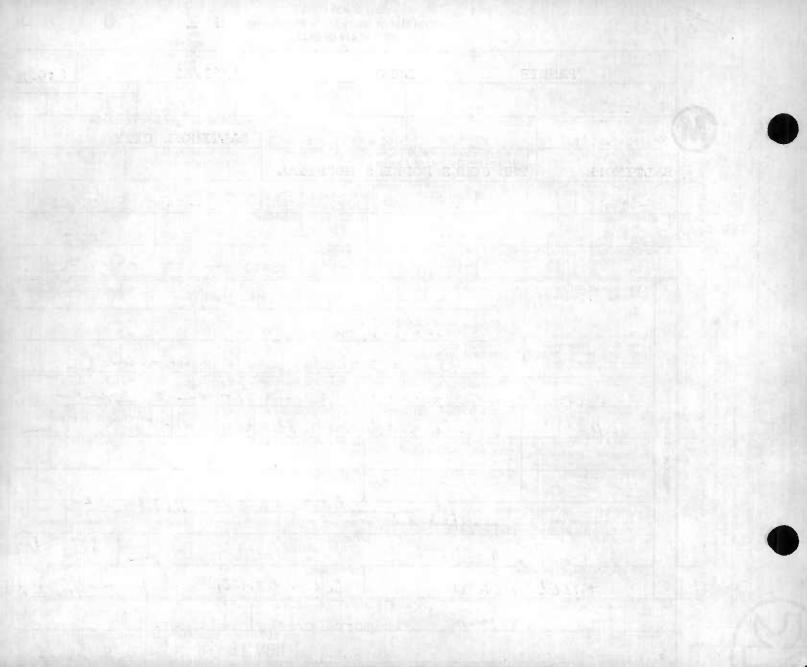


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Leonard J. Ruck, Inc., Baltimore, Maryland



		.5	1 -	FOR STATE REGISTRAR				CERTI	ICATE OF D	NENTAL HYG		G. NO.	28/	96
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	тоу	i e	3. SEX	(	4	RACE		5. DATE	OF BIRTH	YEAR	6. AGE (IN YEARS L	ST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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T	rtific	o o o o		PART I. DEATH WAS		CAUSE (a)	12	cons	ator	4 6	arke 5	7		
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	OR AT	Dept.		225. SIGNATURE	S A	> The boday	differ death.		DEGREE				22c. DATE S	GNED /
	al o	te D	9.1	11	1	50	_1		A	TTENDING HYSICIAN [	MEDICAL DIRECTOR P	STAFF TYSICIAN PT	_ 111	23/82
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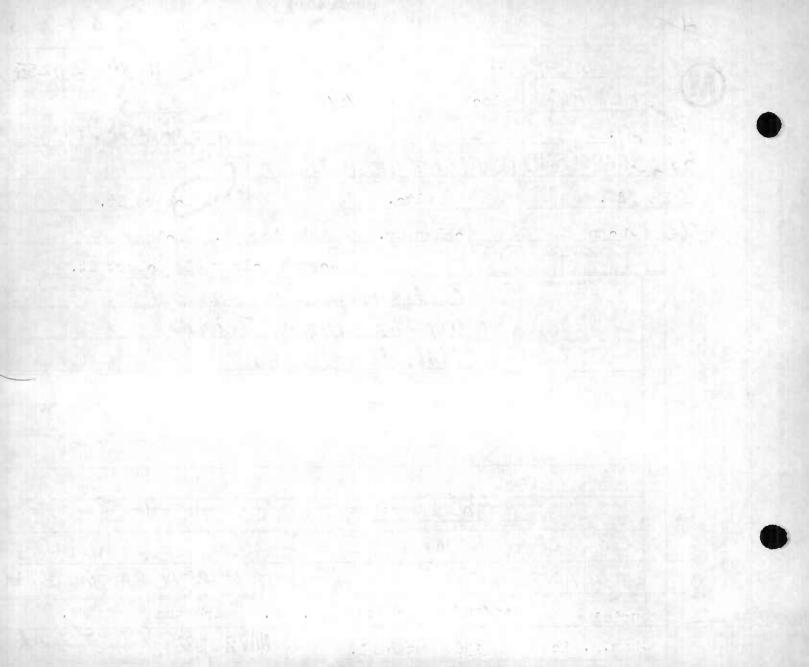
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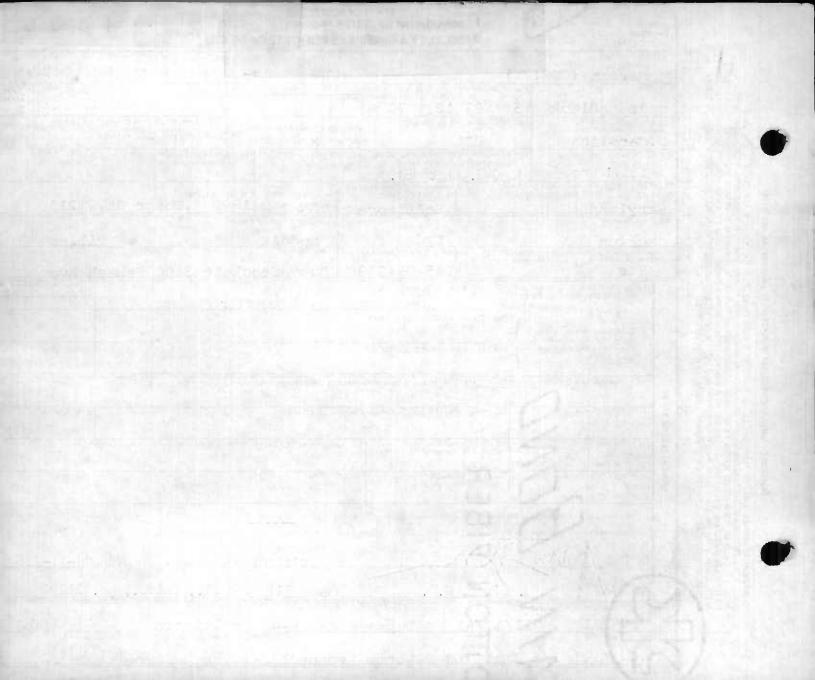
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ALTIMORE, te be execut icion and ce icion and ce loss. The medical		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 1 E WAR OR DATES)	66 SOCIAL SECUI	RITY NO.	Joseph Ho	ADDRE		
res that the death certificates that the death certificates by the ottending physylpleose remove corbanpolyounal, cremotion, ar remove, or competitive troumatic event.	Z	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last	DUE TO, OR,  DUE TO, OR,  (b)  DUE TO, OR /  (c)	andio AS A CONSEQUE LEM AS A CONSEQUE PLANCEL	NCE OF	Dignator Dignain Mellitus NOT RELATED TO THE TERM	drieity  MINAL DISEASE OR CON		MATE INTERVAL NISET AND DEATH
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DIVISION  UDING PHY  or ottendi  is after this  see as the by eoith and M s morked or	MEDI	AT WORK AT WORK	(AT HOME, STREE	T, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	CITY OR TOW	121 82	STATE
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F Pool		Sher A/3	al Na	shmi	-/\frac{1}{2}	ATTENDING PHYSICIAN	MEDICAL STAR	FF IAN II-	9-82
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L EXAMINER: 1 E CERTIFICATE, OULD BE FORV L DIRECTOR: F H, WITH THE SI		220. I certify		of the remains desi	cribed abave, hel	ld an Autap	sy , Inspectio	n . Inquiry .,	and in my ap	inian	
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★ H H H H H H H H H H H H H H H H H H H		SIGNATURE	AVVW	MXX		N	D. Assistan	MEDICAL EXAMINER	DATE SIGNED	D 11-11-	82
DE A SI	4	EXAMINER'S	· Huma							04004	
TO MEDICAL EL EXECUTE THE CI PAGE 4 SHOUL TO FUNERAL DA AFTER DEATH, V		TYPE OR PRIA	Ann Ann	M. Dixon,	M.D.		ADDRESS 111	Penn St., Bal	10., Md	1. 21201	
572749		SPEC IFY)	ON, REMOVAL 23	b. DATE	23c. NAME	OF CEMETERY C	R CREMATORY	23d. LOCATION CITY OR TOWN	COUN	ITY SI	TATE
18/18P		BURIA		11/17/8:	2 Balt	imore	Cemetery	Baltimore			Md.
0000 DHMH - 17	24 [	UNERAL DIRECT	OR	ADDRESS			250. DATE	REC'D. BY REGISTRAR 256.	REGISTRAR'S SI	GNATURE	
(VR A15 ME (5))	W	m.C.Ma:	cch F/H	Inc.11	01 E. No	orth As	renueIVUV	1 9 1982	aughol	Cohrela	



ADDRESS

Balto., Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH 2b HOUR

IF UNDER I YEAR

INDUSTRY

Rotster

YES

COUNTY

COUNTY

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR

22c DATE SIGNED

269 Ballou Court

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

STATE

IF UNDER 24 HRS

12b. KIND OF BUSINESS OR

- STATE

REGISTRAR

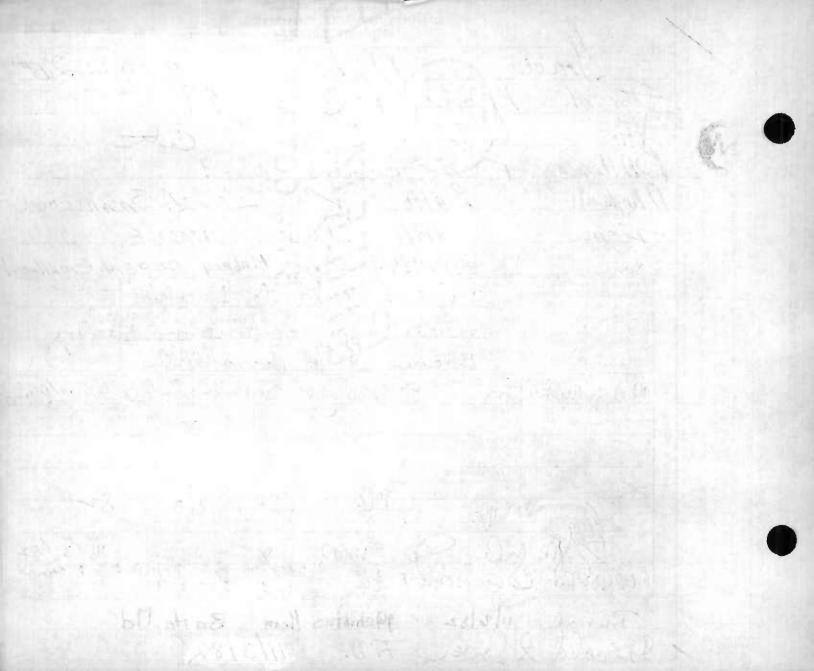
DECEASED NAME

DHMH-16:50M:1/BT (VRA 15, 4)

74 FUNERAL DIRECTOR

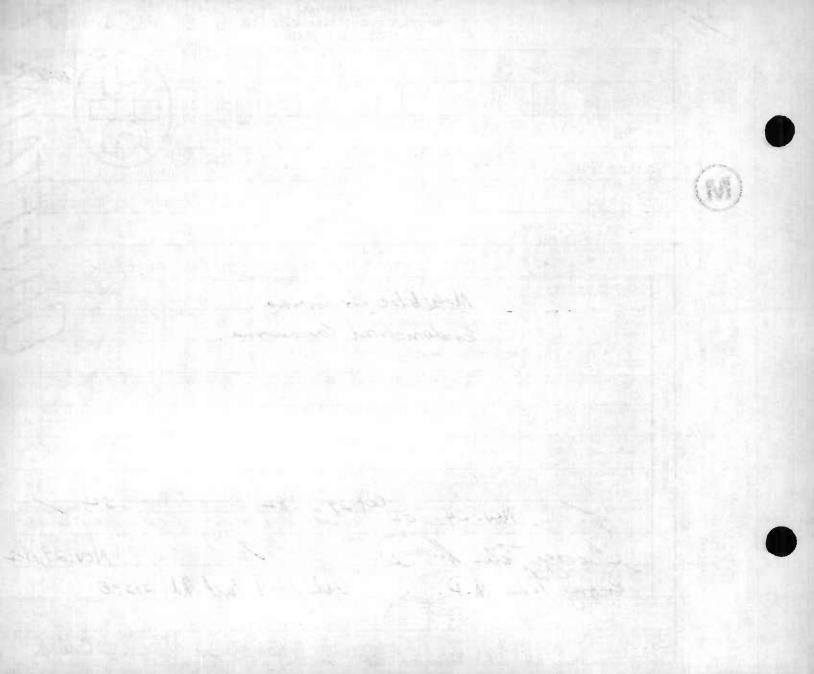
Anatomy Board

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 2a. DATE OF DEATH CIVER OF REALIS race. 3. 5EX. 4. RACH S. DATE OF BIRTH 6 AGE (IN YEARS LAST-BIRTHDAY) IF UNDER I YEAR 76. CITIZEN OF WHAT COUNTRY? LICENS DEFORMAN 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [ TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FO MOST OF WORKING LIFET (IF NO INTELLED FACILITY, GIVE STREET ADDRESS) INDUSTRY IDENCE IN MUSIC NO HOME OR OTHER INSTITUTION N GIVE RIMIDENCE BEFORE ADMISSION 13b COUNTY 13 ETY OR TOWN 13d. INSIDE GRY LIMITS? 13e STREET, ADDRESS mallwood FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 2100 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h TAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for PART I. DEATH WAS CAUSED BY: lac Conditions, if any, which 100 gave rise to immediate course of storing the underlying couse ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART IN Ne DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS REPFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON YES [ NO [ \$1s. ACCIDENT WAS UNDERLYING [7] 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH OF EITHER NOTIFY MEDICAL EXAMINER. P.M. THE INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY OFFICE, FARM ETC.) STREET CITY OR TOWN COUNTY STATE NOTWILE ! 220 I certify that (I) (this haspital) attended the deceased from and that in (my) (aur) opinian death accurred an the date and haur and fram the causes stated saw the deceased olive an abave. (1) we) (did) (did nat) view the body after death 77% SILINATU DEGREE 11t. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE DHMH - 16 50M 1 (VRA 15, 4)



10	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 2	2 8 8 0 3
\$ resemble		CEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH	
y be 3 deoth deoth	(110)	George George	Gottleib	Mack	11-25-82	8:30A. <sub>M</sub>
ge 4 mo	3. SE	Male	White	5. DATE OF BIRTH  MONTH—25—1900  YEAR	6. AGE (IN YEARS LAST BIRTH	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.  YRS
nerol dir	Ta. B	Ballo. M.	75. CITIZEN OF WHAT COUNTR	Y? 8.  MARRIED NEVER MARRIED  WIDOWED DIVORCED	_ 0 /	
by the full with	10 C	Baltimore, Md.	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION EFT ADDRESS)  Street	12a. USUAL OCCUPATIO	
filled in could be f	13a	AL RESIDENCE (IF NURSING HOME OF		OWN 13d. INSIDE CITY LIMITS		pinson St.=21224
makyl, maletely and 2 sh	14. F/	ATHER'S NAME  REST	MIDDLE LAST	15. MOTHER'S MAIDEN	known MIDDLE	LAST
IMORE,	16a \	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SE 213-10	CURITY NO. 17. INFORMANT	ADDRES	Robinson St21224
RDS, 201 W. PRESTON ST., B. equires that the death certifica in signed by the attending phys. Then please remave carbonport to burial, cremation, or removinjury, or other traumatic event,	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	over the fit	ACU)  ERMINAL DISEASE OR COND  The state of	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  ITTION GIVEN IN PART 110
he low r	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSÝ?  YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL RECORDS,  ING PHYSICIAN: The low require of the cartifician.  After this cartifician is signed to see the properties of the one Americal Hygiene prior to be orked or them. It show one injury or them of them.	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 218 INJURY OCCURRED	EATH HOUR A.M. MONTH	DAY YEAR 19 211. LOCATION	CURRED (ENTER NATURE OF INJURY	
At OR ATTEND the hospital of AL DIRECTOR. of eletoched for use of Dept. of Heal	~	saw the deceased alive a	pital) attended the deceased from	DEGREE ATTENDIN PHYSICIA	G MEDICAL STAFF	19 82, that (I) (value) lost e and hour and from the causes stated  22c. DATE SIGNED  AN \( \begin{array}{c} \ll /2 \ll /8 \ll 2 \end{array}
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100 pp	Z3a.	BURIAL, CRÉMATION, REMOVA (SPECI <sup>B</sup> Burial	23b DATE 23		RY 23d. LOCATION CITY OR TOWN	COUNTY STATE
₩ ▼ DF		UNERAL DIRECTOR	11-4/-04	Parkwood Cemetery	DATE REC'D. BY REGISTRAR 2	SI. REDISTRAR'S SIGNATURE
DHMH - 16 50M 4/B2	0	1. NAME M. 11.	ADDRES:		NOV 3 0 1982	7. 00.

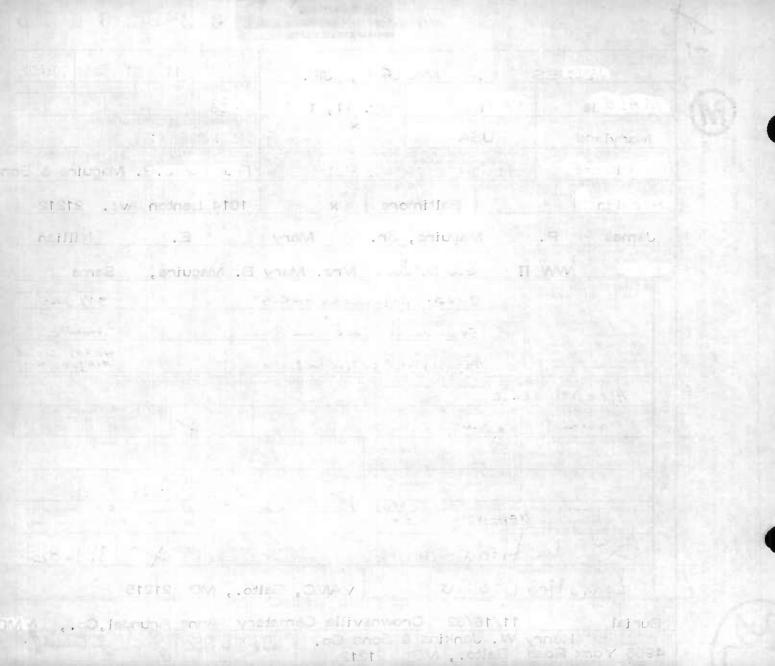
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DIVISION OF VITAL RECORDS.

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1	1	STATE REGISTRAR		DEF		ICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST		MIDDLE	l	AST	2a. DATE OF DEATH MONTH	OAY YEAR 26 HOUR
ge 3 eoth	, (117	JAMES	P	. N	AGUIR	E. JR.	11	11 82 10:40P <sub>M</sub>
(ou op	3. SE		4. RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
- 0 MM		Male	Whi	ite	Aug	11, 1927	55 YRS	MONTHS DAYS HOURS MIN.
a Maria	ZauB	IRTHPLACE (STATE OR FOREIGN COUNTRY)		F WHAT COUN	TRY2 8	NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
to the second		Maryland	U	SA	WIDOWE		BALTIMORE, CIT	Y MD
The state of the s	10 0	ITY OR TOWN OF DEATH		HOSPITAL, NU		OR OTHER INSTITUTION	12a. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
10 g		Baltimore	VAMC,	BALTIMO	DRE, MD.	21218	Plumber-J.P.	Maguire & Son
hou hou	USU 13a.	AL RESIDENCE (IF NITRSING HOPE	OTHER INSTITUTION	N GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
ANA 22 ANA	-	Maryland			imore	YES X NO	1014 Lenton	Ave. 21212
RYL Marthi	14. F.	ATHER'S NAME	MIDOLE	LAST		15. MOTHER'S MAIDEN NA	WE	LAST
M b d d d		James P.		Maguir		Mary	E.	Killian
ORE ORE		WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS	
TIM S. Po		Yes WW	II	220 2	0 2079	Mrs. Mary	B. Maguire,	Same
BAI cofe coper oper ovel.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse pe	er line for (o), (b	n, and (c).		14	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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PRESTON he death ce mother corb mother, or r		1629	DUE TO, O	OR AS A CONS	EOUENCE OF	- 6		a 41
deo deo otte		Conditions, if ony, which gove rise to immediate	(b)_	Squum	ous cell (	Cash nona (B)	-ung	9 months
N. P.		cause (o), stating the underlying cause lost.		OR AS A CONS				diagnosed
of the or of or of						e componentiven		
RECORDS, 2  low require:  low require:  so been signe errior to buy errior to buy errior to buy	NO	10 1 1. 1	buse	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	VEN IN PART 1(a
been mit.	18	19a. DATE OF OPERATION	196 CONE	DITION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YI	S, WERE FINDINGS USED
- e c e d e c	CERTIFICATION	None	NO	ne				IFYING CAUSES OF DEATH?
VITA Na Thysicic icote ronsit Hygie	W W	210. ACCIDENT WAS UNDERLYING		OF INJURY	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
SICIA ng ph certifi riol-tr entol	1 3	OR CONTRIBUTING CAUSE OF DEA	1111	P.M.	DAT TEAR			
HYS ndin his o d Me or H	MEDICAL	21d. INJURY OCCURRED		OF INJURY		211. LOCATION	CITY OR TOWN	COUNTY STATE
DIVISION OF VIT NG PHYSICIAN: otherding physician ther this certificant os the buriol-from th and Mental Hyg orked or them 18 si	2	AT WORK NOT WHILE	(AT HOME, S	THEET, PACTORY, OF	FICE, FARM EIC )	3900 LOCH RA	VEN BLVD. BALTO	
A Africa		22a.   certify that (1) (this haspi	tol) ottended t	he deceased fr	om sept	9 19 87	_ to NOV (I	19 8 9- that (1) (we) lost
TTE pito CTO for of H		sow the deceased alive on above, 411 (we) (did) (did no	Tiview the bod	POCR !!	19.82-, or	d that in (my) (our) opinion	death occurred on the date and ha	ur and from the couses stated
OR A DIRECTOR		226. SIGNATURE	11			DEGREE		22c. DATE SIGNED
AL DAL O Jeto ote D II. If		Kunda	He	adiio	a my	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	11-12-82
d by		224 PHYSICIAN'S NAME (TYPE O				22e. ADDRESS		
TO HOSPITAL TO FUNERAL should be det with the Store		Lindate	adrict	cmo		VAMC, Ba	lto., MD 2121	8
1 12/12 = 3 34		BURIAL, CREMATION, REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
/ / /BP	E	Burial	11/1			sville Cemet	ery Anne Arui	ndel -Co. MD
DHMH - 16 50M 4/B2	24 F	UNERAL DIRECTOR Henr	y W.	Jenkin			PECID BY REGISTRAR 256 RIGIS	JRAR'S SIGNATURE
(VRA 15, 4)	4	905 York Roa	d Bal		ND 21		1 0 1307 1304	may remark

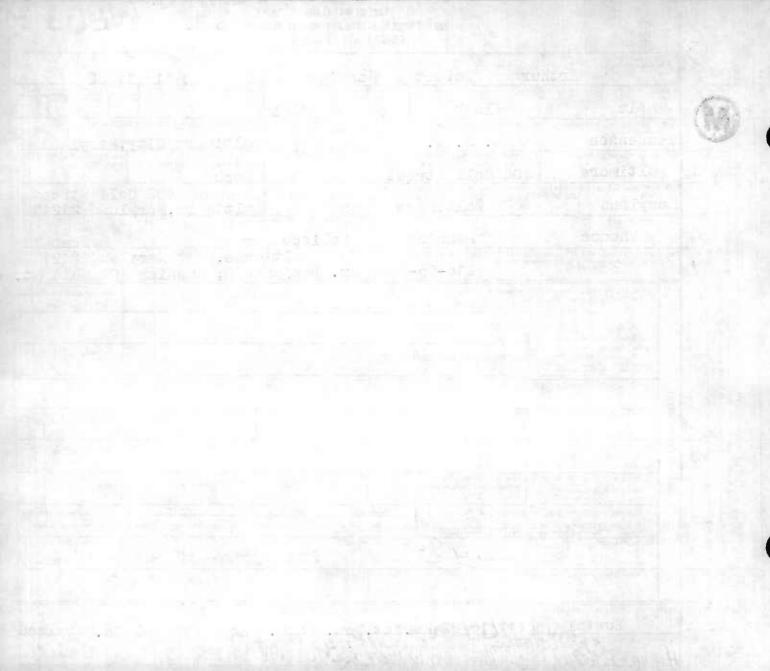


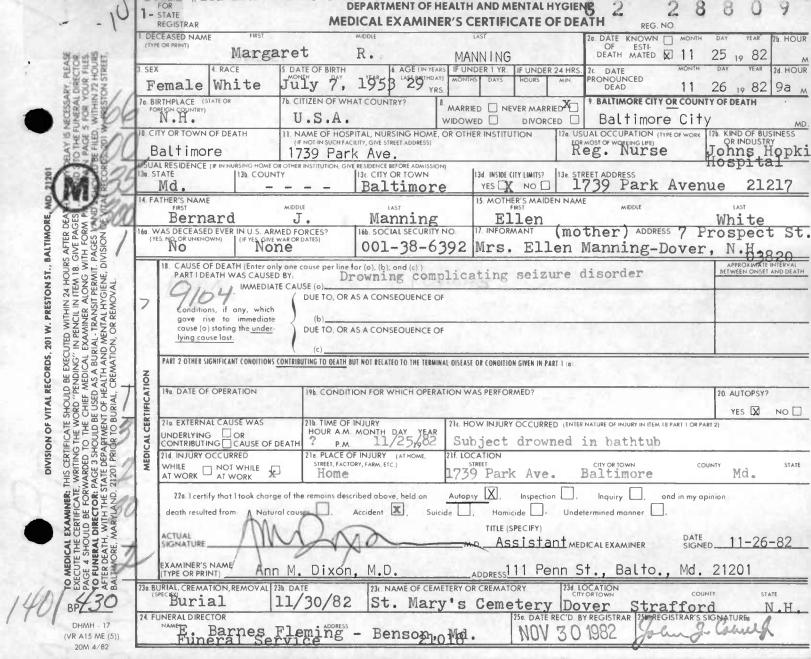
×	STATE OF MARYLAND  1 - STATE REGISTRAR  STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO.	807
	DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEA	20. 1100K
4 60	JOSEPH Lawrence JMANCINI. Nov. 16 19	82 2 0AM
1 11		EAR IF UNDER 24 HRS
- 8 85 47	1 KS.	
	In BIRTHPLACE (STATE OR FOREIGN COUNTRY)  I Taly  I D. CITIZEN OF WHAT COUNTRY?  WIDOWED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH  WIDOWED DIVORCED BALT NOAE	CITY MD
V	C.CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120, USUAL OCCUPATION 121b, KIN	D OF BUSINESS OR
5 th 195	BALTIMORE GOOD SAMANTAN HOSPITAL CHIEN ER.	RY
LAND 2120	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  131. CITY OR TOWN  131. INSIDE CITY LIMITS?  130. STREET ADDRESS	
AND 24	MARYLAND BALTIMORE YES NO NO 1617, YAKONA RE	CAP.
MARYL and 2 and 2 and 2 and 2 and 3	4 FATHER'S NAME  Dominic Mancini  LAST  LAST  Angle la  MIDDLE  MIDDLE	LAST
	60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
BALTIMORE, one be execu- sicion and expers. Pages vol. r, the medice	(YES, NO OR UNKNOWN)   (IF YES, GIVE WAR OR DATES)	Md 27204
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res that the death certifical red by the ottending phys spiesse remove carbonape virial, cremotion, or removery, ar other traumotic event,	Conditions, if ony, which gove rise to immediate cause lost.   Countributing to Death But not related to the terminal disease or condition given in part	T Ito
ORDS, required significant of the significant of th	ZO CONTRACTOR OF THE PROPERTY	
L RECC	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINING CAU YES NO YES 1  210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART	
FUITAL IAN: The physician inficate h I-tronsit a of Hygies of Hygies	OR COLUMNIA CONTROL OF DEATH HOUR A.M. MONTH DAY YEAR	
DIVISION OF VITAL RECORDS, 201 DING PHYSICIAN: The low requires th or oftending physician. After this certificate has been signed be e as the buriol-transit permit. Then plea ofth and Mental Hygiene prior to buriol, morked or Item 18 shows any injury, and	DE CONTRIBUTION OF CAUSE OF DEATH  IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  WHILE NOT WHILE AT WORK  AT WORK  AT WORK  AT WORK  COUNTY	STATE
ATTENDIA spiral or CTOR: Af af far use of theolt n 21 is mo	270.1 certify that (f) (this haspital) attended the deceased from 17 10 10 19 82, to 11 16 19 89 sow the deceased alive an 17 16 19 89, and hat in (my) (aur) opinion death occurred on the date and hour and from above, (f) (we) (did) (did not) view the body after death.	and the same of th
ITAL OR DAY the hopy the hopy the hope is detached by the Price Department of the price of the p	Ploomed ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DI	116 4982.
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	74. FUNERAL DIRECTOR 6500 V and DJ 250 DATE REC D. BY ARGISTRA 10 V GISTRADS SE	Md .
DHMH - 16 50M 4/B2 (VRA 15, 4)	Mitchell-Wiedefeld Home, Inc. Balto., Md.21212	

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STATE OF MARYLAND





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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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DHMH - 16 50M 1/81 (VRA 15, 4)

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	I DE	CEASED NAME	FIRST		AIDDLE		LAST	20. DATE OF D	REG. NO.	H DAY	YEAR	Zh. HOUR	
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1/	10 C	TY OR TOWN OF DEA	ATH				OR OTHER INSTITUTION	120 USUAL OC				F BUSINESS OR	
1	36	Baltimore				City Ho	enital	House	R MOST OF WORK	(ING LIFE) IN	<b>UDUSTRY</b>		
10	USU	AL RESIDENCE (IF NURS		OTHER INSTITUTION				House	MITE				
6	13a. S	TATE	III COUN	ITY _	134 CITY OR	IOWN .	13d INSIDE CITY LIMITS?	13e. STREET AD	DRESS	Sec.			
1	IV	aryland	A.A	. Co.	Glen	Burnie	YES NO	918	Dogwoo	d Roa	d 2°	1061	
26	14. FA	THER'S NAME					15. MOTHER'S MAIDEN NA						
4/		Joseph		MIDDLE	Vinc		Salvorta	٨	AIDDLE	Ga	loris	30	
As	I Art V	VAS DECEASED EVER	IN HS AD	MED EOPCES2		SECURITY NO.	17 INFORMANT		ADDRESS		10111	, ,	M
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t U	12.0	18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for (o). (b	b), and (c).)	Λ				APPROXI	MATE INTERVAL	-
-31		PART I. DEATH W	AS CAUSE	D BY:	( A)	1 . 1	4. 1	0.10	0-4	1	DE THE ENGLISH	214SET AND DEATH	
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	10												
1	CA	19a. DATE OF OPERAT	IION	196 CONDI	TION FOR W	HICH OPERATI	ON WAS PERFORMED	200 AUTOPS		IF YES, WE		OF DEATH?	
7	F			(F) (S) (A)				YES N	ПОП	YES [	CAUSES	NO T	
	CERTIFICATION	21a. ACCIDENT WAS UND	DERLYING _	216. TIME O			21c HOW INJURY OCCUR			M 18 PART I (	OR PART 21		
1		OR CONTRIBUTING			M. MONTH	DAY YEAR	R						
/	Ž.	(IF EITHER NOTIFY MEDIC				19							
	MEDICAL	21d INJURY OCCURR		21e. PLACE C		FFICE, FARM, ETC.)	211 LOCATION STREET		ITY OR TOWN	(	OUNTY	STATE	
	<	WHILE NOT WH	RK										
		220.1 certify that (1)	this hospit	offended the	deceased la	rom II	- 73 1082	- 10	1-26	10 5	72	that (I) (we) Past	
		sow the decease	dalive on	11-2	6.82	OR OF THE RES	ond that in (our) opinion	death occurred o	n the date on	d hour and			
	-	obove () (we d	lid (did not	view the body	olter death.	-		acom occome o	is the doic on				
-4		ZIB. SRGPENTUNE	^	~	1	//	DEGREE				22c. DATE	SIGNED	
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7		124 PHYSICIAN'S NA	AME (TYPE O	R PRINT)		,	22e ADDRESS					10	
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		URIAL, CREMATION,	REMOVAL	23b. DATE	100	23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATIO	N	501	INTV	27.472	
		Buris	al	Nov 30	1982	Lake	View Memorial	Sy	kesvil	le	Ma	ryland	
	24 FL	WERAL DIRECTOR					A LAS DAL		ISTRAR 25b. RE				
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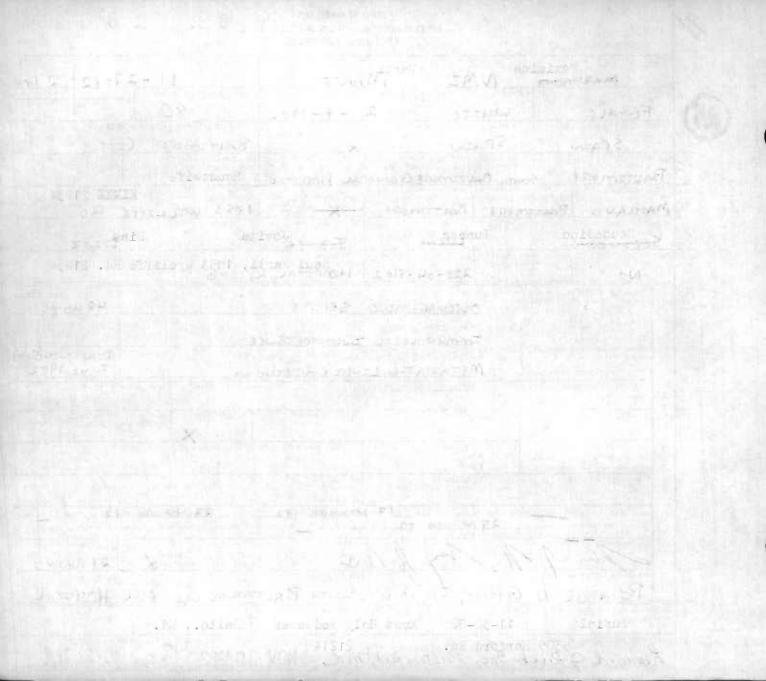
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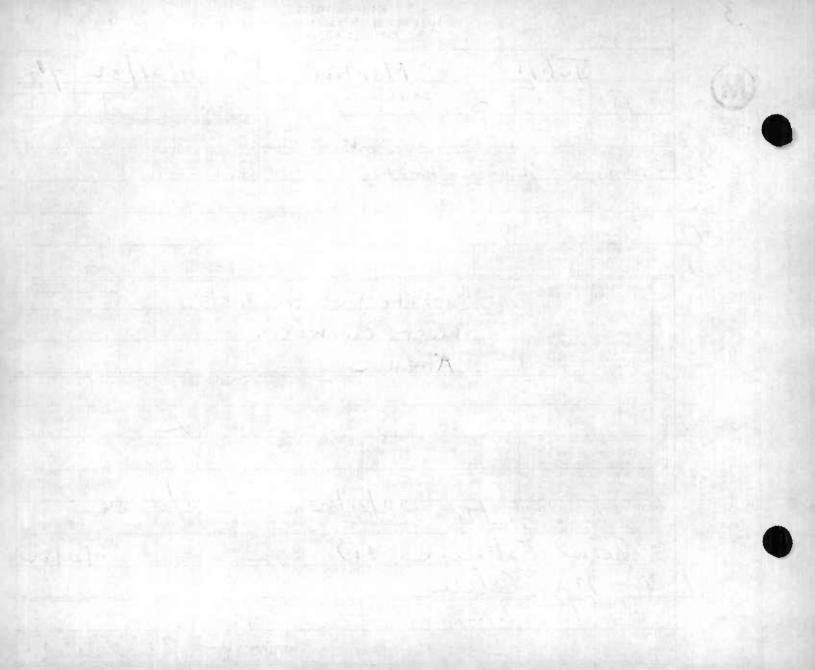
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



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Canada and and and and and and and and an	1. DECEASED NAM (TYPE OR PRINT)	FRANCISC	CA JOS	SIFINA	MART	INEZ	20. DATE KNOW OF ESTI- DEATH MATER	HINOW KXX	DAY YEAR 26 1	HOUR
● 養養養養/以次大任	Female	1 A	Dec. 5,	6. AGE IN YEAR	RS IF UNI		MIN PRONOUNCED DEAD		20-82 6:	HOUR 50R
A NAME OF STREET	70 BIRTHPLACE FOREIGN COUNTRY Guatem	ala	Guatema	ala	WIDOWI		Baltimo	re City		MD.
言語を言う	Baltim	-	altimore	PITAL, NURSING HOME, CILITY, GIVE STREET ADDRESS) CITY HOSDI	tal	R INSTITUTION	Babysitter		Children	ESS
September 11	Md. 2072	2 Prince		13c. CITY OR TOWN Brentwood		13d. INSIDE CITY LIMITS? YES X NO [		r Street	t	
PASSING REAL		Unknown <sup>^^</sup>	IDDLE	LAST		15. MOTHER'S MAID FIRST Lisa	MIDDLE	Marti	inez	
ALTIMO AFTER I SIVE PA TH FORT MAGES I MISSION	160, WAS DECEAS	ED EVER IN U.S. ARMED NOWN) (IF YES, GIVE WAR		None		17. INFORMANT Julio Urla	4300 40th P Brentwood			
W. PRESTON ST.  VITHIN 24 HOUR PENCIL IN ITEM 18 MINER AERMIT RANSIT PERMIT ENTAL HYGIENE DI OR REMOVAL.	PART I I	ians, if any, which rise to immediate a) stating the under-	AUSE (a)	for (a), (b), and (c).)  [hermal injuas a Consequence Conseque	)F				APPROXIMATE INTE BETWEEN ONSET AND	RVAL
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		OCCURRED  NOT WHILE AT WORK	21e PLACE C STREET, FACT	DE INJURY (AT HOME, ORY, FARM, ETC.)	21f LOC	TATION Webster		od, Mari	ÿĭ and	STATE
TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA TO FUNKEAL DIRECTOR: PAC AFTER DEATH, WITH THE STAT BALTIMORE, MARY LAND, 245		rtify that I taak charge of			Autops	Inspection Hamicide TITLE (SPECIFY) HSS ISTANT		and in my api	11-21-82	
TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO	EXAMINER' (TYPE OR PI  230. BURIAL, CREM BURIAL	ATION, REMOVAL 236	S F. Sm'	yth, M.D. 23c. NAME OF CEN General	AETERY O	RCREMATORY	Penn Street  23d LOCATION  Guatemala C	Zone	2 "Guatemala	<b>=</b>
DHMH - 17 (VR A15 ME (5))	THE PART OF		s Funer	al Home, P.		250. DATE		REGISTRAROSI		

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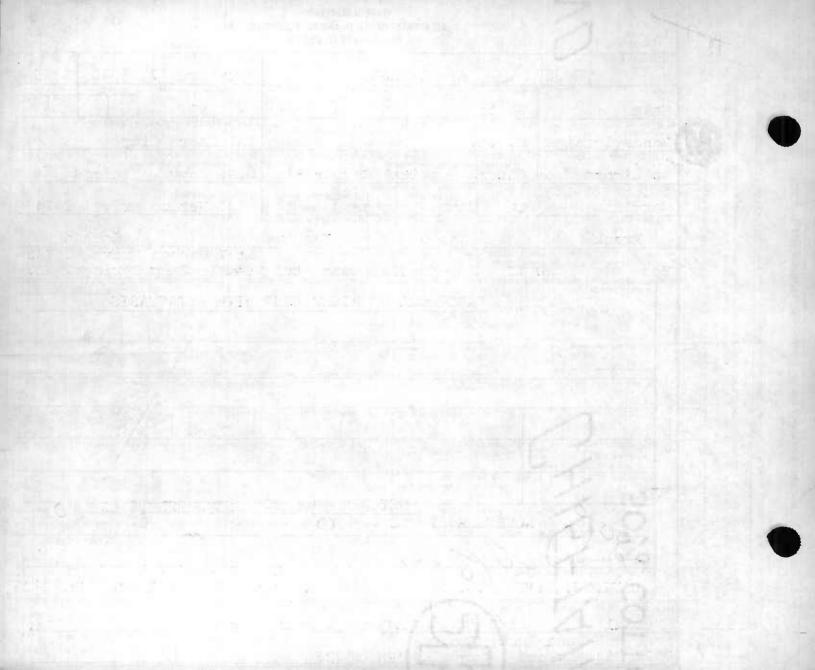
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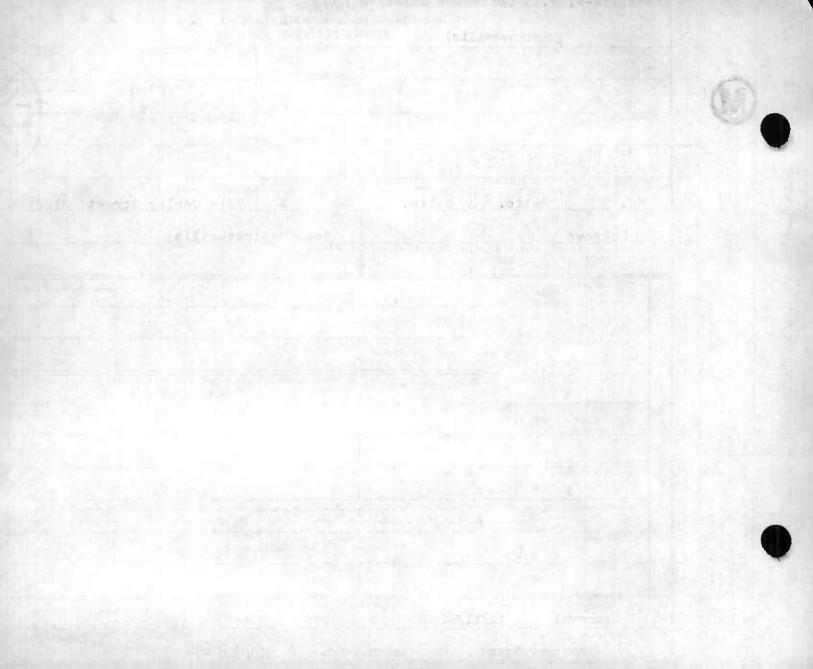
7922 Wise Avenue

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



		STATE REGISTRAR	(Mastrovas			ATE OF DEATH	REG. N		
o the period of		CEASED NAME E OR PRINT)	FIRST	WIDDLE	Merol	Nouselis	20. DATE OF DEATH	11 / 5/8	YEAR 26 HOU
	3 SE	× maile	4 RACE	white	5. DATE OF	BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIR 2 hour	MONTHS	DATS HOURS
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impletely and 2 s	14. F	ATHER'S NAME FIRST UNKNOWN	MIDDLE	LAST		5. MOTHER'S MAIDEN N.		tey Stre	LAST
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been signed by the rmit. Then please rem prior to buriol, cremc only injury, or ather t	CERTIFICATION	gave rise to imm couse (a), stoting underlying cause PART 2 OTHER SIGN	Hediate g the lost lost  ON 19b CC	D)	DEATH BUT NO	WAŚ PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	E FINDINGS USED CAUSES OF DEATH NO
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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W. L. L.

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LEADS T. OHY S .517 FARK HALCHES AVESTS - MOVEMENT STORY

8728 Liberty Road Randallstown, MD. 21133

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

YEAR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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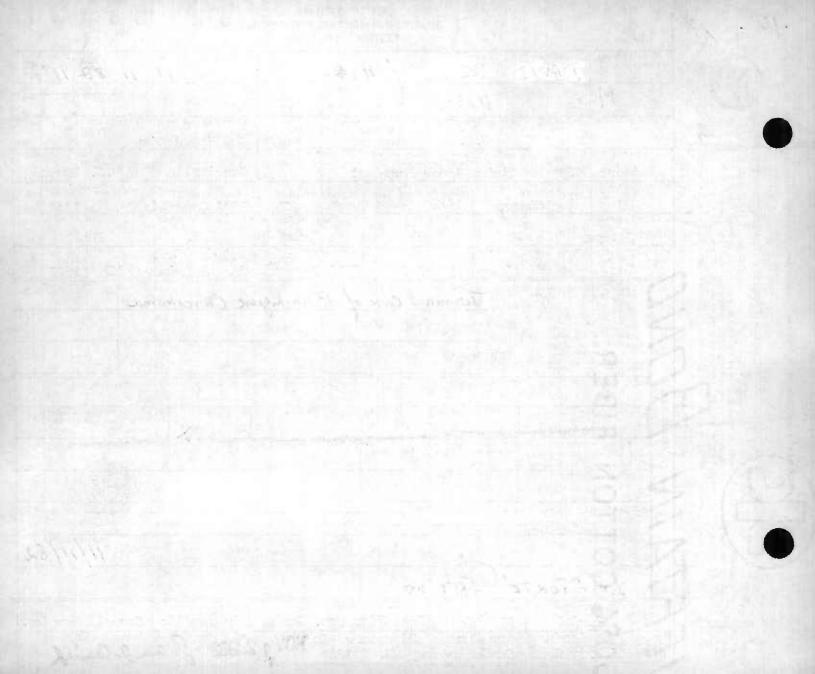
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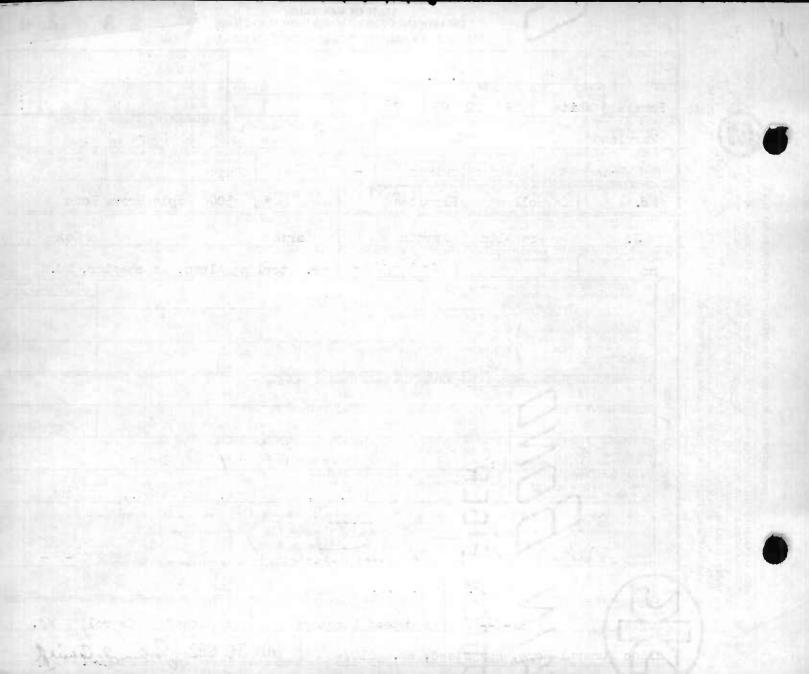
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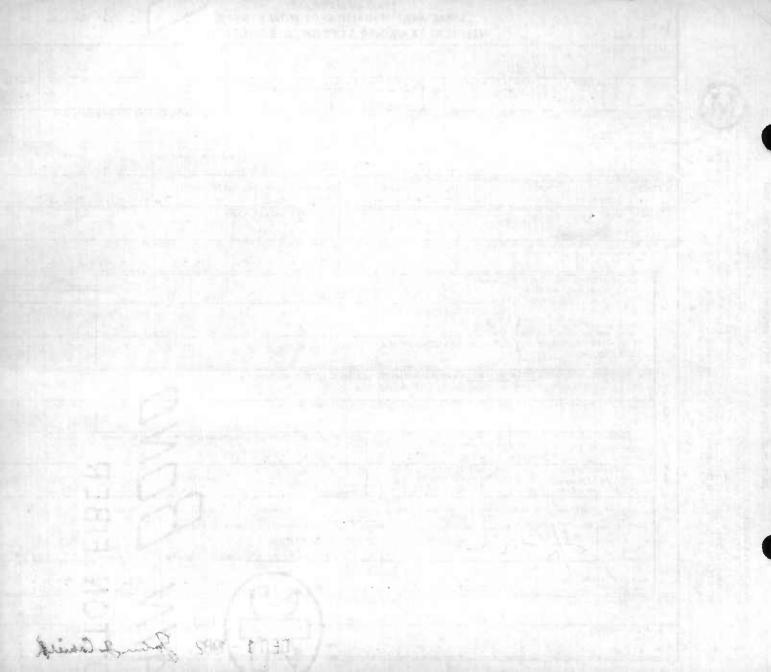
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W. PRESTON ST., BALTIMORE  W. WITHIN 24 HOURS AFTER TEA  FINCIL IN ITEM 1B. GIVE PAGE  MINER ALONG WITH FORM  TRANSIT PERMIT. PAGES 14  TNALH YYGENEW, DIVISION OF  OR REMOVAL.		8121			R AS A CO	NSEQUENCE	OF.				ries.				
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ATE PARE				e of the remains d	escribed ob	ove, held on	Autar	sy XX.	Inspection	n .	Inquiry	, ond in	my opinio	n	
ANIN THE PRINCIPLE OF T		death resulted	rom Nature	al causes	Agrident	X, Su	icide	, Homic	ide .	Undeter	nined manne	r .			
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TO MEDICAL EXAMINER TO MEDICAL EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR A FITE DEATH, WITH THE SHOULD BE ALTIMORE, MARKINED BALTIMORE, MARKINE		EXAMINER'S NA (TYPE OR PRINT)	WE [	Dennis F	Smyt	h, M.D	•	,ADDRESS_	- 11	I Pen	n Stre	et			
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STATE OF MARTEANS
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

28

2	RECOGNANCE				REG. NO			
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3 51	EX	4 RACE	S. DATE O		6 AGE (IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS
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70. B	SIRTHPLACE (STATE OR FOREIGN COUNTRYL	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTYO	FDEATH	
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U	ALTIMORE	~ .	1	POSPITAL	Homemak		The state of the s	
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14. F	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA				
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	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS		17 INFORMANT	ADDRES	S		21223
	(YES NO OR UNKNOWN) (IF YES, GI	214-3	8-3870	CHARLES J. 1	McKENNA 211	s. Fu		
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	IMMEDIA	TE CAUSE (o)						
	2815	DUE TO, OR AS A CONSE						
	Conditions, if any, which	(b) H	Rom Boc.	YTUPENIA				
	gove rise to immediate cause (0), stating the	DUE TO, OR AS A CONSE	OLIENCE OF					
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	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN	N IN PART 1	a
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-	210. ACCIDENT WAS UNDERLYING	THOUSE A ME MONITH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PAR	1 ORPART 2)	
1	OR CONTRIBUTING CAUSE OF DE.	AIM	19					
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	17	211 LOCATION				
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	220 I certify that (I) (this hasp.	talk attended the deceased fire	1 2 A	10V 1982	10 7 NOV	10	82	that (I) (we) last
		and district		d that in (my) (our) opinian	death accurred on the dat	e and have a		
	above, (1) we (did) (did no	it) view the bady after death.		DEGREE				SIGNED
	220. SIGNATURE			ATTENDING	MEDICAL STAFF		4	VOV 1982
-	22d PHYSICIAMS NAME ITYPE	DO DO INTI		PHYSICIAN 220 ADDRESS	DIRECTOR   PHYSICI.	AN C	11/	0001/86
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	HNOREW	1 1CV-H+.		900 CATO.	N ANG.	DAL	TIMOR	E, IVID
230.	BURIAL, CREMATION, REMOVAL	23b. DATE	130 NAME OF CI	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
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DHMH - 16 50M 1/B1 (VRA 15, 4)

11-10-02 CEDAR HIL 24 FUNERAL DIRECTOR 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR			DEPARTA		EALTH AND	MENTAL HYG DEATH	REG. NO.	260	5 4 0
I. DECEASED NAME (TYPE OR PRINT) ALT	CE FIRST		M.		LAIN		November 10,	1982 YEAR	2b. HOUR
3. SEX Female	, All	4 RACE Whit	е	5. DATE C	DAY	1906	6. AGE (IN YEARS LAST BIRTHOAY) 75 YRS	MONTHS DAYS	
70. BIRTHPLACE (STATE OF COUNTRY)  Maryland	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER	MARRIED	Baltimore City  Baltimore City		M
Baltimore		Belair	HOSPITAL, NURSING HEACHLITY, GIVE STREET CONVALES	address)		NOITUTIIT	120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING Ret. BXO R.R.		of Business Or house
USUAL RESIDENCE (IF NUF 130. STATE Maryl and	1136 COU		GIVE RESIDENCE BEFORE 134. CITY OR TOW Parkvi	N	13d. INSIDE C	CITY LIMITS?	3227 Hess Ave	2.	
14. FATHER'S NAME FIRST  Adam		WIDDIE	Mueller	r		s MAIDEN NA aldine	WE	Pul	lman
(YES NO OR UNKNOWN)		RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU 212-20-6		Berna Berna		Address McLain 3227 Hes	ss Ave.	
	mediate ing the e last.	DUE TO, OI	CERC	DEATH BUT			AINAL DISEASE OR CONDITION (		(0
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OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A.	M. MONTH DA	YEAR	21c. HOW IN	IJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART 1 OR PART 2)	
(IF EITHER NOTIFY MEE 21d. INJURY OCCUP WMILE AT WORK		21e. PLACE ( (AT HOME, STR	OF INJURY BET, FACTORY, OFFICE, F.	ARM, ETC }	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
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230. BURIAL, CREMATION	, KEMOVAI			NAME OF C	EMETERY OR	CREMATORY	CITY OR TOWN	COUNTY	STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc.

Baltimore, Md.

NOV 1 2 1982

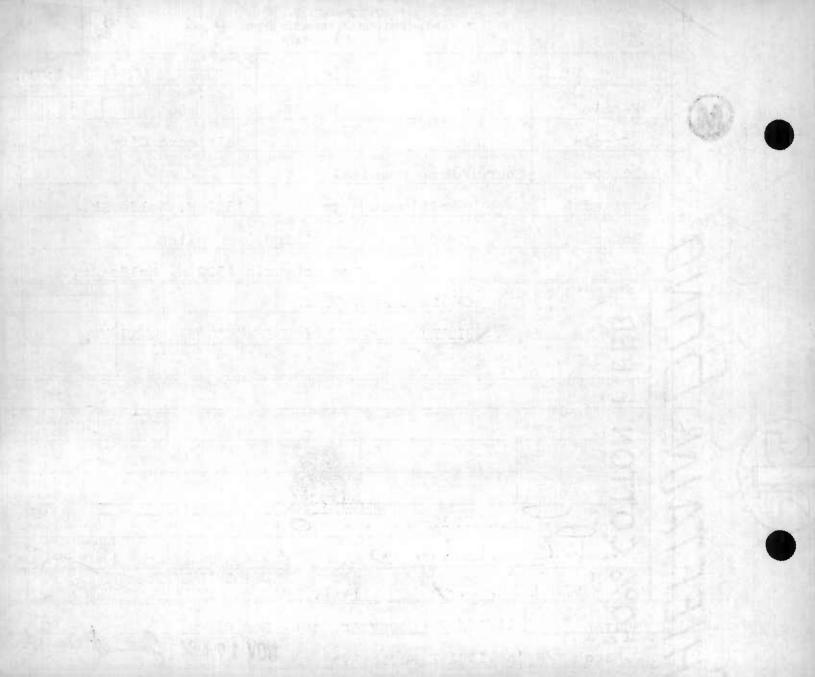
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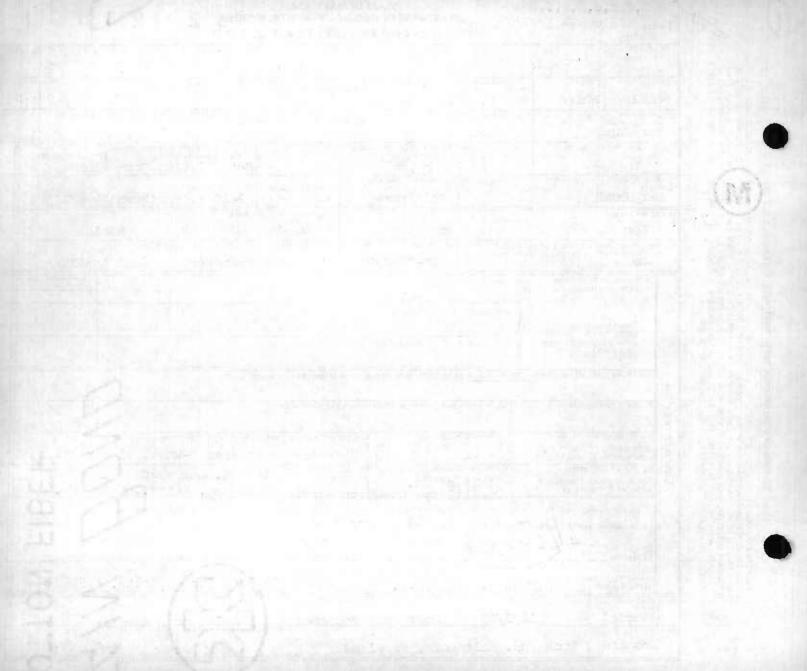
	STATE OF MARYLAND	
	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & 2 2 8 3 2	, 7
7	REGISTRAR CERTIFICATE OF DEATH REG. NO.	
	DECEASED NAME FIRST AIRA NOVE LAUCHINGST 20. DATE OF DEATH MONTH DAY YEAR 20. HC	UR
noy be poge 3	HATEMOUS MCLAUGHLIN 11-8-82 300	IAM
moy Fer do	SEX 1 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UND MONTHS DAYS HOURS MONTHS DAYS HOURS	ER 24 HRS
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i de la	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION  (IP NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  121. KIND OF BUSIN	VESS OR
by the	PALTIMORE 2014 W. LANVALE ST RETIRED	
bour bour	SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  BASTATE 136. COUNTY 134. CITY OR TOWN 13d. INSIDE CITY LIMITS? 136. STREET ADDRESS.	
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or nd co	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
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NG offer of the orker orker	WHILE NOT WHILE AT WORK	
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OR A DIREC DOREG Dept.	226. SIGNATURE DEGREE  ATTENDING MEDICAL STAFF  270. DATE SIGNEI  1//12	
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DHMH-16 50M 7/77	I FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS	
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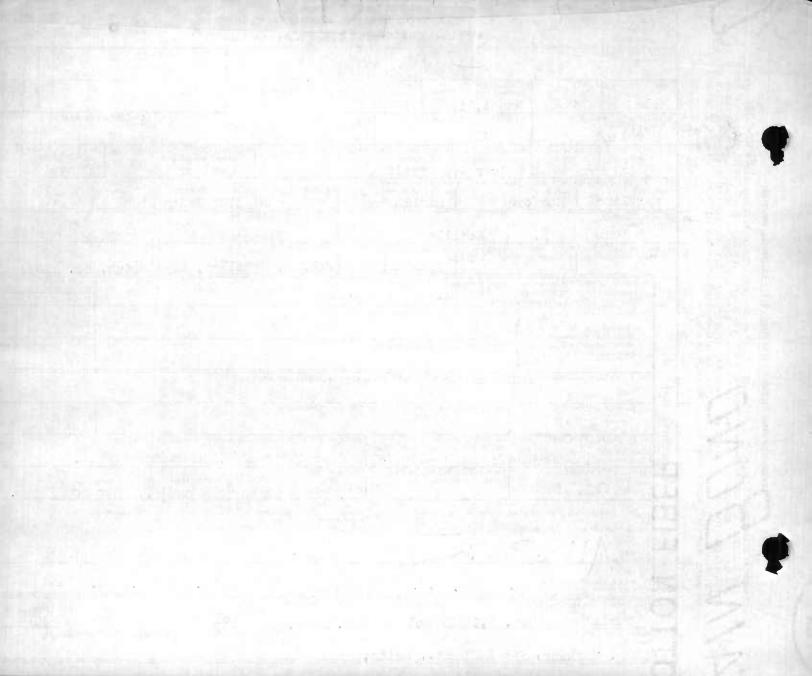
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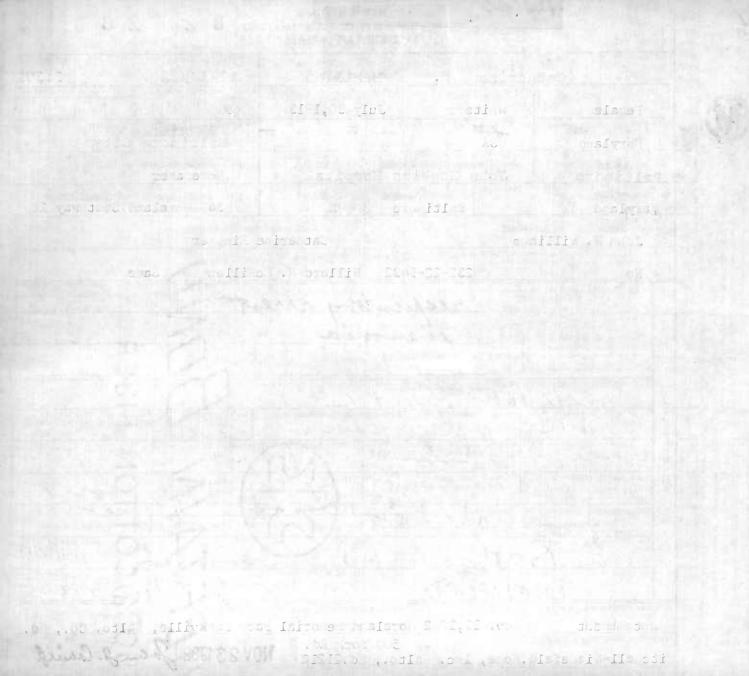
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Search Services	1	~ /						0.1122							
TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BALTMORE, MARYAND	(T	(AMINER'S NAM YPE OR PRINT)	<sup>NE</sup> Anr	n M. Dixon	, M.E	).		ADDRESS_	111	Penn S	t., Ba	l to.,	Md.	21201	
5 <u>7</u> 7577	23a. BUR!	IAL, CREMATION				NAME OF CEM				23d. LOCAT	ION		COUNTY	1	TATE
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DHMH - 17	N/	AME		ADDRESS				717	MUN	1 9 19	OL TO	- COLLY	No com	ander of	
(VR A15 ME (5)) 20M 4/82	JOF	nn H. Ha	rkins	600 Main	St.	Delta	, PA								



		- STATE REGISTRAR		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	
ωŧ		CEASED NAME FIRST	MIDDLE	LAST	2a DATE OF DEATH	20 110011
0 0 0			therine M.	McMillen	11/14/8	
450	3 SE	X	4 RACE	5 DATE OF BIRTH	6. AGE   IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
TARY		Female	White	July 30,1913	69	YRS.
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by the filled with	F	Raltimore	John Hopkin	ns Hospital	12a. USUAŁ OCCUPATIO (TYPE OF WORK FOR MOST OF Homemak	WORKING LIFE) INDUSTRY
hould be	130.	Maryland	OND HER INSTITUTION GIVE RESIDENCE BEFOR 130 CITY OR TOW Baltimo	re   13d. INSIDE CITY LIMITS?		neland Southway 2B
and 2 s	14. F/	ATHER'S NAME FIRST  John W. Willi	MIDDLE LAST	15. MOTHER'S MAIDEN NA FIRST Catherin	e Ringger	LAST
Poges 1		WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECU	JRITY NO. 17. INFORMANT	ADDRES	SS
Poor		No	232-22-9	432B Willard R. M	cMillen	Same
the ott remove emotio		Conditions, if ony, which gave rise to immediate couse (a), stating the	DUE TO OR AS A CONSEQUE	ence de		
hos been signed by the off permit. Then please remave, sne prior to burial, cremation was ony injury, ar other trau	IFICATION	gave rise to immediate	static bus	ENCE OF  DEATH BUT NOT RELATED TO THE TERM  A  OPERATION WAS PERFORMED  WAS PLANNED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ministor in 20 years signed by the ord of trons if permit. Then please removing Hygiene prior to buriol, cremation is shows any injury, or other transfer.	AL CERTIFICATION	gave rise to immediate couse (o), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	196 CONDITIONS CONTRIBUTING TO I	OPERATION WAS PERFORMED  AY YEAR  DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED  AY YEAR  21c. HOW INJURY OCCUR	200 AUTOPSY? YES SC NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \begin{array}{c} \text{NO} \\ \text{PS} \\ \text{NO} \\ \text{NO} \\ \text{PS} \\ \text{NO} \\ \text{PS} \\ \text{NO} \\ \text{PS} \\ \text{NO} \\ \text{NO} \\ \text{NO} \\ \text{PS} \\ \text{NO}
nsit per rgiene shaws	MEDICAL CERTIFICATION	gave rise to immediate couse (o), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21g. ACCIDENT WAS UNDERLYING	196 CONDITIONS CONTRIBUTING TO I	OPERATION WAS PERFORMED  AY YEAR  19  211. LOCATION	200 AUTOPSY? YES SC NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO PART 2)
certificate hos orial-transit per ental Hygiene		gave rise to immediate couse (o), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE AT WORK AT WORK  220. I certify that (I) (this has sow the deceased alive a obove, (I) (well did) (did in the couse of t	(c)  T CONDITIONS CONTRIBUTING TO I  196 CONDITION FOR WHICH  CACA CA  216. TIME OF INJURY HOUR A.M. MONTH DA  EERI PLACE OF INJURY (1AT HOME STREET, FACTORY, OFFICE, F	OPERATION WAS PERFORMED  AY YEAR  19  211. LOCATION STREET  , ond that in (my) (our) opinion	200 AUTOPSY?  YES DE NO   RED (ENTER NATURE OF INJURY)  CITY OR TOW	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO PART 2)
DIRECTOR. After this certificate hos oched for use as the burial-transit per Dept. of Health and Mental Hygiene. If them 21 is marked or them 18 shows		gave rise to immediate couse to is stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE ATWORK  22a. I certify that (I) (this has sow the deceased alive a obove, (I) (we) (did) (did r  22b. SIGNATURE	(c)	OPERATION WAS PERFORMED  AY YEAR  19  211. LOCATION  STREET  ARM ETC.)  DEGREE  ATTENDING PHYSICIAN [	200 AUTOPSY?  YES DE NO   RED (ENTER NATURE OF INJURY  CITY OR TOW  death occurred on the dat  MEDICAL STAFF	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO PORT OF PART 2)  YOUNTY STATE  19 that (I) (we) lost the ond hour and from the causes stated  22c. DATE SIGNED
DIRECTOR After this certificate has obtained for use as the burial-transit per Dept. of Health and Mental Hygiene if them 21 is marked or Item 18 shows	MEDICAL	gave rise to immediate couse (o), stoting the underlying cause lost part of the underlying cause lost part 2 OTHER SIGNIFICANT of the underlying cause of the underlying or contributing of cause of the underlying or cause of the underlying of t	(c)  T CONDITIONS CONTRIBUTING TO I  19b CONDITION FOR WHICH  COLOR  19b CONDITION FOR WHICH  COLOR  21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.  21e. PLACE OF INJURY (1AT HOME STREET, FACTORY, OFFICE, F  ON THE COLOR  COLOR	OPERATION WAS PERFORMED  AY YEAR  19  211. LOCATION STREET  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS  COO N	200 AUTOPSY?  YES DE NO   RED (ENTER NATURE OF INJURY  CITY OR TOW  death occurred on the dat  MEDICAL STAFF	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO PORT OF PART 2)  YOUNTY STATE  19 that (I) (we) lost the ond hour and from the causes stated  22c. DATE SIGNED
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10 1	FOR  STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH		8 8 3 4
	ECEASED NAME FIRST PE OR PRINT) EVANS	MCNAIR	REG. NO.  20. DATE OF DEATH MONTH D  NOV. 21	20.11000
3.5	M) 2 (0	S. DATE OF BIRTH  MONTH  DAY  YEAR  THE STATE OF BIRTH  AND YEAR  THE STATE OF BIRTH  THE STATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
2 18/1	BIRTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY? 8.  MARRIED NEVER MARRIED  WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY	OF DEATH MD.
35	Baltimore (	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IENOT IN SUCH FACILITY, GIVE STREET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE SEH ENPLOYED	12b. KIND OF BUSINESS OR INDUSTRY
13a	Md. 136. COUNTY	Balto. YES DY NO	127 Douid hak	e Drive
到	LAWPENCE MID	NCNZIA DINNI	C MIDDLE	oc Cloud
	WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (# YES, GIVE W		NainHannen 13	Morec
emaval.	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B		NARY ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
fraumatic	Conditions, if ony, which	DUE TO, OR AS DEHYDRATION, PLEURA	AL EFFUSION	
other	gove rise to immediate couse (0), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF		
injury, ar	PART 2 OTHER SIGNIFICANT COL	NDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE T	TERMINAL DISEASE OR CONDITION GIVE	N IN PART 110
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED YING CAUSES OF DEATH?
1 4	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2}
	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
Z is marked	220.1 certify that (I) (this hospital saw the descent alive an obove, (I) (we) (did) did nat) v	NOV 21 19 82 and that in (my) (gur) opin	82 to NOV 21. I	02
# #e#	226. SIGNATURE	DEGREE ATTENDIN PHYSICIA	G MEDICAL STAFF N DIRECTOR PHYSICIAN	22c. DATE SIGNED
IMPORTANT	22d PHYSICIAN'S NAME (TYPE OR PE MUKEL LUHA)		HURCH HOSPITAL TO	ORP MORE MD 2123
₹ 23a	BURIAL, CREMATION, REMOVAL (SPECIES)	236. DATE 23c. NAME OF CEMETERY OR CREMATO	PRY 23d LOCATION PLIT OF TOWN	COUNTY SATE
B2 24	FUNERAL DIRECTOR		DATE REC'D BY REGISTRAR 256 REGISTR	PAR'S SIGNATURE

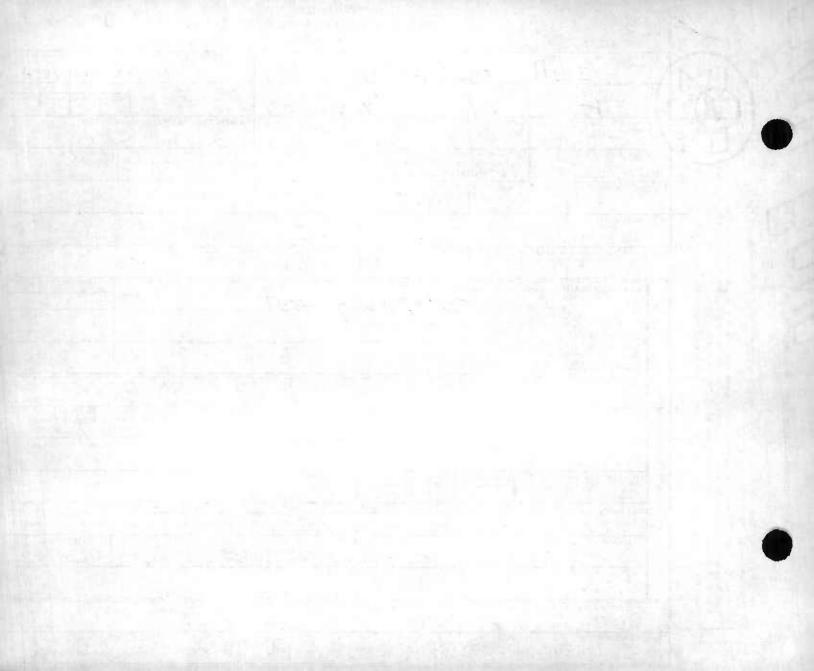
MEG. 10 - 04-4 - 518 1 - 74 13218 715, B. F. Fallengill City 5.00 Eakingene Christa Hospical Corp. Set Enployed EZHC. V. SHINDER JOHNE 2 Lége CHEHARMEN CIPCLE News Birne 35437045A Burnes Water & Dropague Mereland Amburges 100. Posterior Sitter and the colorest allows a few of the second of the second of the second

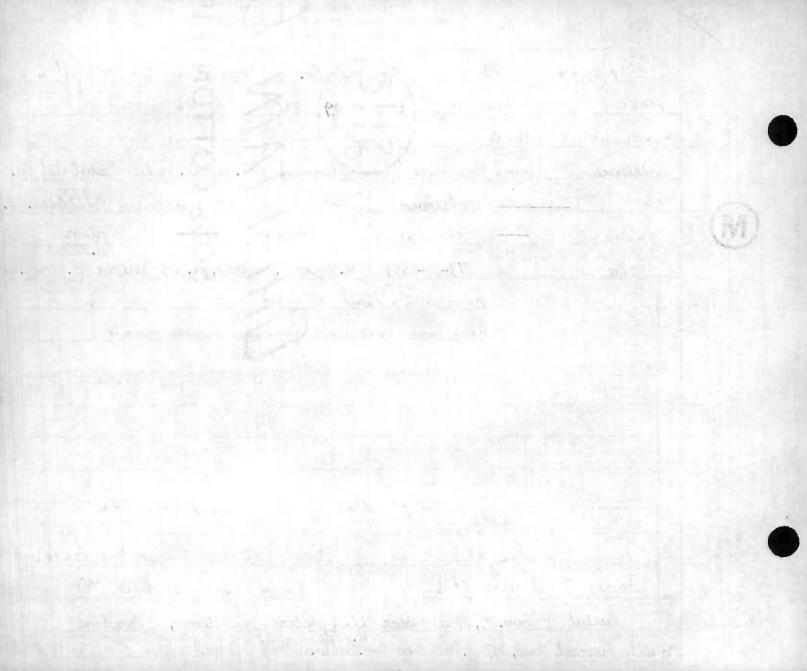
	Fel	1-	FOR STATE REGISTRAR		DEPAR	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	SIENE 8 2	285	3 5
			EASED NAME FIRST		MIDDLE	L/	51	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
eq , pe	55	11112	MORRI	ISON	G.	M	cQUADE	November	1, 1982	4:35RM
lon d	K/II	1 SEX		4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS	
9e 4			Male	Wł	nite	Dec.	2, 1891 AR	90	YRS.	
P. Po	51	Vii. BII	CTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN C	F WHAT COUNTRY	? 8.	NEVER MARRIED	9. BALTIMORE CITY OR		
depart 1	37	M	aryland		.S.A.	WIDOWE	DIVORCED	Baltimon	re City,	MD.
by the fu	0		altimore	(IF NOT IN S	F HOSPITAL, NURS SUCH FACILITY, GIVE STREE  Lton Nu	T ADDRESS)	ROTHER INSTITUTION Home	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Zone Manas	WORKING LIFE) INDUSTRY	of BUSINESS OR omotive
(ND 2120 24 hours filled in by ould be fill	2	13a. S	1,50 00	OR OTHER INSTITUTE		PRE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	odbourne .	Δνρ. 2123
RYLAI within etely # d 2 sho	e e		THER'S NAME	12)7	1 Dar or	IIIOI 6	15 MOTHER'S MAIDEN NA		dbourne .	HAC: TIT
MAR)	E 0	)	Frank	MIDDLE J.	McQu	ahe	Henriet	MIDDLE	Morr	igon
contect contect s	0	16a. W	AS DECEASED EVER IN U.S. A				17. INFORMANT	ADDRES	S NOTE.	15011
TIMORE be exected on and or s. Poges	e medicol			W. II	227-01	-4321	Katherine N	M. McQuadel		
	umotic event, th		18 CAUSE OF DEATH (Enter- PART I. DEATH WAS CAUSE 42 92 Conditions, if ony, which	SED BY: ATE CAUSE (a), DUE TO,	OR AS A CONSEQU	SCVI			BETWEET	DXIMATE INTERVAL N ONSET AND DEATH
hat the de by the att	injury, ar other troumotic	H	gave rise ta immediate cause (a), stating the underlying cause lost.	DUE TO,	OR AS A CONSEO	UENCE OF				
RDS, 20 equires 1 regures 1 regued regued to buria	njury, ar	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR COND	ITION GIVEN IN PART 1	10
ALRECOR	shows only	CERTIFICATION	190. DATE OF OPERATION	19b. CON	NDITION FOR WHIC	H OPERATION	WASPERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	
PHYSICIAN: The ending physicia this certificate the buriol-tronsit and mental Hygie	2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR	OF INJURY A.M. MONTH I	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)	
DIVISION ING PHYS r attending of the this co	rked ar ii	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLAC	E OF INJURY STREET, FACTORY, OFFICE	FARM ETC)	211. LOCATION STREET	CITY OR TOW	N COUNTY	STATE
TEND followerse or use f Heol	ZI is morked ar the		22a. I certify that (I) (this has sow the deceased alive a abave, (I) (we) (did) (did	an	11 19		d that in (my) (aur) opinian	deoth accurred on the dat	le and have and from th	, that (I) (we) lost se couses stoted
TO HOSPITAL OR ATTENDED by the hosp TO FUNERAL DIRECT should be detached to with the State Dept. o	ANI: ==		226. SIGNATURE ALLE 224. PHYSICIAN'S NAME (TYP)	1/leu	unel	) N	ATTENDING PHYSICIAN P	DIRECTOR PHYSICI	- 11	E SIGNED
TO HOSPIT, etained by TO FUNER, should be d	MPOR		Alan L. I	Kimmel			222 W. Co	oldspring l	Lane 235	-7222
77489	- 1	230 B	urial, cremation, remova urial				od Cemetery	23d LOCATION CITY OR TOWN Baltimos	re Co., M	STATE
DHMH - 16 50M 4/	/82		NERAL DIRECTOR		4000000		25a. DAT	E REC'D. BY REGISTRAD		ATORE A
(VRA 15, 4)	02	Wi	lliam E. Joi	hnson8	521 Loc	Rav	en Blydon :	3 1982	fund lan	

estate and annualization of the second secon POSTE CONTRACTOR DE LA Burial Baltime Pykwoon Cementery Baltime Milater e. commonter: Moch hards to make the

to serve unbout the troy of the control of the cont . and the state of Edward Taxob Xotheras THEY CANTES SELECTED AND HAR.

2	FOR STATE	STATE OF MARYLAN DEPARTMENT OF HEALTH AND MI	ENTAL HYGIENE 8 2 2 8 8 3 /
	REGISTRAR  1 DECEASED NAME FIRS	CERTIFICATE OF DE	REG. NO.    20 DATE OF DEATH MONTH DAY YEAR   26 HOUR
e 7 8	(TYPE OR PRINT) Ide	11 E. Mc Queenbey	11 26 82 1.55 AM
9 4 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	3. SEX	4 RACE  5. DAYE OF BIRTH MONTH DAY  2 27	YEAR O YEAR (IN YEARS LAST BIRTHDAY)  YEAR O YEAR O YEAR O HOURS MIN
deoth. Po	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) S. C.	USA MARRIED NEVER MA WIDOWED DIVO	DRCED [ Balti City MD.
_ all #1 #//	Baltimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTIT	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
MARYLAND 2120 ed within 24 hours mpletely filled in by Gnd 2 should be in	JSUAL RESIDENCE (IF NURSING HO 130 STATE 136 (	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  COUNTY 13c CITY OR TOWN 13d INSIDE CITY  Baltimore YES & N	Y LIMITS?   13e. STREET ADDRESS
	Alvie		cence Campbell
BALTIMORE, cote be executioned copers. Pages vol.	(YES, NO OR UNKNOWN)  NO	S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMAN N/A Nina	Adams El 3827 Clifton Avenue
s that the death certific by the attending phologies remove carbon princh, cremotion, arremo or other traumatic ever	Conditions, if ony, white gove rise to immedia couse (a), stating the underlying couse los	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN QNSET AND DEATH  WAYNOWA
	PART 2 OTHER SIGNIFIC.  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYIN	196 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r offending physicion. fifer this certificate has been sig os the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or Item 18 shows pny injury	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXAL  216. INJURY OCCURRED	DF DEATH	JRY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  CITY OR TOWN COUNTY STATE
OR ATTENDI he hospital or DIRECTOR: A provided for use Dopt, of Heal	22a.l certify that (I) (this	hospital) attended the deceased from Control of the deceased from 19 87 , and that in (my (and not) view the body after death.  DEGREE	19
TO HOSPITAL retained by 1 TO FUNERAL should be dete	22d. PHYSICIAN'S NAME (	TYPE OR PRINT) 22e ADDRESS	Halin Huspital
D = 1 3 ≥ 1	230 BURIAL, CREMATION, REMO (SPECIFY) Burial	236 DATE 236 NAME OF CEMETERY OR CR 11/30/82 Arbutus Mem F	CITY OR TOWN COUNTY STATE
DHMH - 16 50M 1/76	24 FUNERAL DIRECTOR	11 ODRESS AVA	134 DATE REC'D BY REGISTRAR 28 REGISTRAR'S SIGNATURE





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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-	REGISTRAR			CERTIFICATE OF DEATH											
Ì	1. DECEASED NAME FIRST				MIDDLE		AST	20. DATE OF DEATH MONTH DA			AY YEAR		2b. HOUR			
			Genevi	ieve	G.	Me.	isz	November 22, 19			82		м			
	3. SE)	x		4. RACE		5. DATE C		6. AGE (IN YEARS LAST!	BIRTHDAY)	IF UNDE	R ) YEAR		R 24 HRS			
	Female Wh.			ite	Feb.	24, 1914 YEAR	68	YRS.	MONTHS	DAYS	HOURS	MIN.				
190		RTHPLACE (STATE OF	FOREIGN	76. CITIZEN OF	WHAT COUN	TRY?	D NEVER MARRIED	9. BALTIMORE CITY		Y OF DE	ATH					
0		Maryland		USA		WIDOWE		Baltimore City MC								
15	10. CI	TY OR TOWN OF DE	ATH			URSING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPA		12b.		F BUSIN	ESS OR			
7					Shire	STREET ADDRESS)		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  Registered Nurse								
	USU	AL RESIDENCE (# NUI		OTHER INSTITUTION.	GIVE RESIDENCE	BEFORE ADMISSION							- 100			
5		Maryland	136 COUN	ITY	Balt:	imore	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 2913 Sh.	irey A	lve						
	-	THER'S NAME					15. MOTHER'S MAIDEN NA									
9	)	Richar		WIDDLE	Boze		Josephine	WIDDLE	Ca	rro7	7 LAST					
7	16a. V	VAS DECEASED EVE		MED FORCES?		SECURITY NO.	17. INFORMANT	ine Carroll ADDRESS								
	()	YES, NO OR UNKNOWN)	(IF YES, GIVI	E WAR OR DATES)									idaa Dd			
		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),											APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		PART I. DEATH	- 6	EIWEEN	INSEL AN	DEATH										
		IMMEDIATE CAUSE (O) MYOCARDIAL INFARCTION														
		DUE TO, OR AS A CONSEQUENCE OF														
		Conditions, if ony, which (b) Emphysem A.														
		couse (o), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF														
		(c)														
5.	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110														
7	CERTIFICATION	190. DATE OF OPERA	TION	Tink control	IVIONI FOR IVI	ALICH OPERATION	In Augonova	PSY? 206. IF YES, WERE FINDINGS USED								
1	FICA	TYO. DATE OF OPERA	ATION	196. COND	IIION FOR W	HICH OPERATIO	N WAS PERFORMED	IN CERTIFYI			ING CAUSES OF DEATH?					
	RTII							YES NO								
7		OR CONTRIBUTING			M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	PART   OR	PART 2)							
	CAI	(IF EITHER NOTIFY MEE			M.	19		74	100							
	MEDICAL	21d. INJURY OCCUP		21e. PLACE (		FFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN			COUNTY STATE					
	~	AT WORK AT WE	ORK DRK		, since, including the f											
-1		22a.1 certify that (1) (this haspital) attended the deceased from 9/24, 19 82, to 1/23, 1982, that (1) (we) lost														
		saw the deceased alive on 7/2 / 19 82, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.														
		226 SIGNATURE DEGREE									224. DATE SIGNED					
		Aust	M	Herlin	ATTENDING PHYSICIAN IS	PORECTOR PHYSICIAN   ///23/82										
1		22d. PATSICIAN'S NAME TYPE OR PRINT) 22e. ADDRESS									111/0/02					
		Dr	Scott	Henders	on M.n		Mercy Hosp	ital Balti	more,	Maruland						
		URIAL, CREMATION		23b. DATE	012 11 0		EMETERY OR CREMATORY	23d. LOCATION								
		SPBurial				thedral	Baltim	Baltimore, Maryland								
		,-, or same and a same and a same and a same a sa									· g zana					

DHMH - 16 50M 4/82 (VRA 15, 4)

O HOSPITAL OR ATTENDING PHYSICIAN: The low

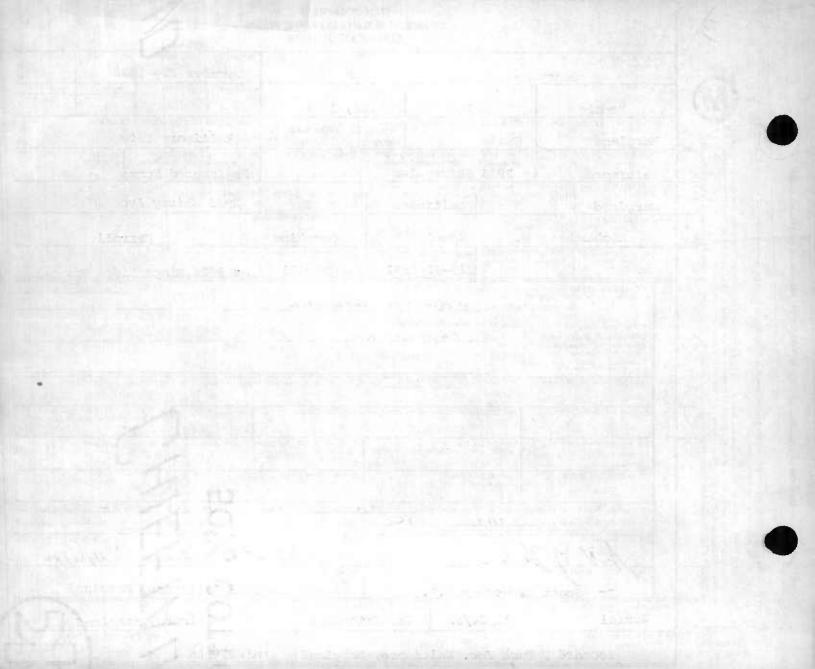
MPORTANT: If them 21 is morked or them 18 shows any injury, or other troumotic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the buriol-transit permit. Then please remove carban papewith the State Dept, of Health and Mental Hygiene prior to buriol, cremation, or removal.

24 FUNERAL DIRECTOR

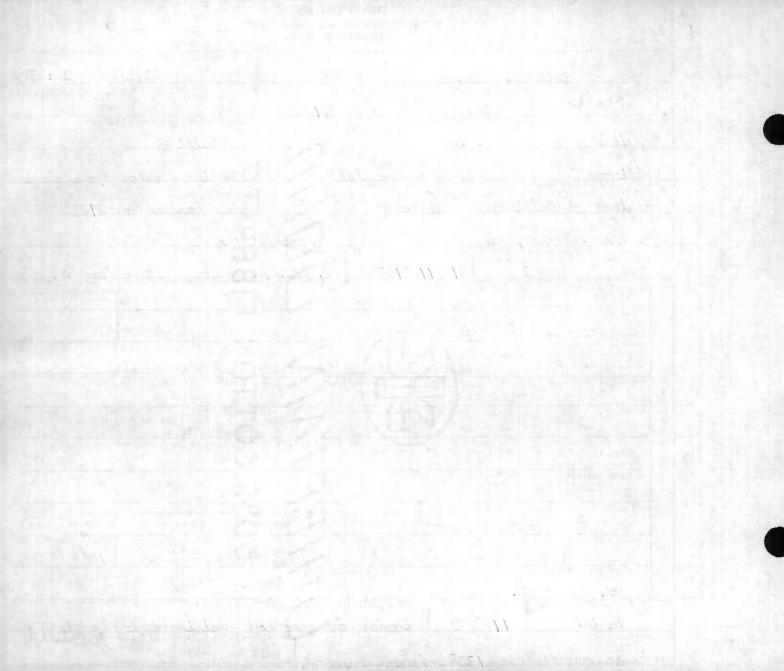
FOR

Leonard J Ruck Inc. Baltimore, Maryland

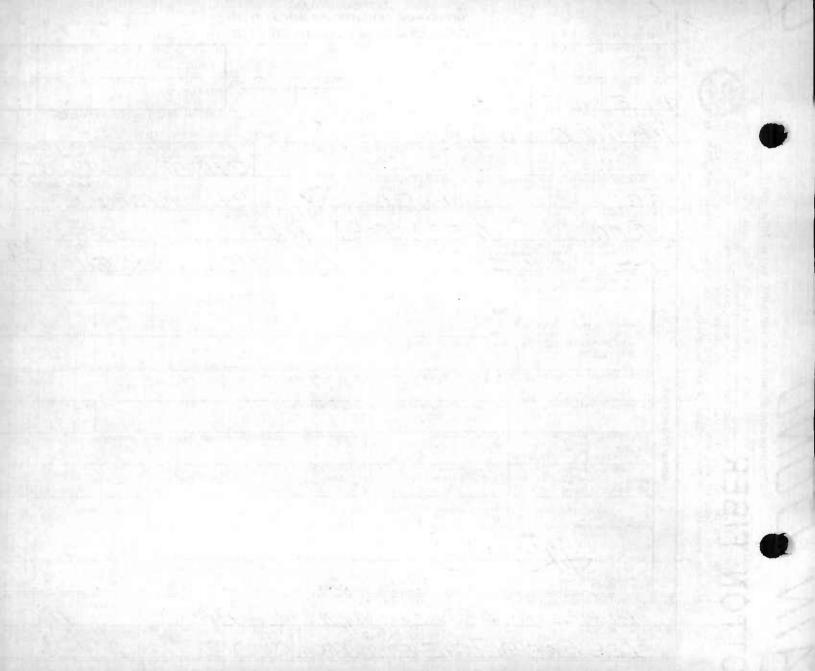
NOV 2 4 1982



1	1.	STATE REGISTRAR		D		FICATE OF DEATH	REG. N	20	
THE R.	I DE	CEASED NAME	FIRST	WIDDLE		LAST	20. DATE OF DEATH		2b. HOUR
MIVI)	( I YPI	OR PRINT]	CHARLES	S W		MERSON		11/4/82	10:15PM
	3. SE	X		ACE		OF BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY) IF UNDER 1 YE	AR IF UNDER 24 HRS
s after		Mule		white	MONT	nt. 2.1927	55	YRS MONTHS DAY	YS HOURS MIN.
Poor	7a. B	RTHPLACE (STATE OR	FOREIGN 7b. 0	CITIZEN OF WHAT COL	INTRY? 8	V	9 BALTIMORE CITY	OR COUNTY OF DEATH	
5 30	1 M	COUNTRY)	- 1 L	11 5 1	WIDOW	ED NEVER MARRIED	0 1		
877		aryland ITY OR TOWN OF DE	ATH 11.	NAME OF HOSPITAL,		OR OTHER INSTITUTION	120 USUAL OCCUPAT		O OF BUSINESS OR
p (24)	R			(IF NOT IN SUCH FACILITY, GI	4.0	. , ,	(TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUSTR	SA
200	USU	altimore AL RESIDENCE (IF NUR		ER INSTITUTION GIVE RESIDEN	nes Hosp	ital.	Machine	operton for	estructio
するか	M	STATE	RECOUNTY	13c. CITY C	1	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	, , 0 ,	
e e		aryland THER'S NAME	Balti	more fir	butus	15. MOTHER'S MAIDEN NA	5508 Oak	land Rd. 212	227
7 / 2/		FIRST	MIDD.	ne C	AST	FIRST	MIDDLE		LAST
( <u>8</u> . <u>1</u>		harles C. VAS DECEASED ÉVER	Merson.	Sr.	AL SECURITY NO.	Marie I	Tugen ADDR	PEC.	
dice dice		YES, NO OR UNKNOWN)	(IF YES, GIVE WA		AL SECURITY NO.	17 INFORMANT			
the m		yes	WW2	218-	11-3123	Mrs. Mary 1	. Merson	5508 Oakland	
t, t		18 CAUSE OF DEAT PART I. DEATH V		ne couse per line for (o)	, (b), and (c1.)		-	BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
eve		0329	IMMEDIATE C		10 pello	ronary ar	rest.		
carba or re		0301		DUE TO, OR AS A CQ	NSEQUENCE OF	0.	, ,	4	
tian		Conditions, if ony	, which	(b) Hyp	sou b	rain dama	ge see to	prenous	
er tr		gove rise to im couse (a), stati	mediate	DUE TO, OR AS A COL	NSEQUENCE OF		1 -Cordine	amere	
l, cren		underlying couse		(c) Sep	licema	Secondar	, to Aneu	mounts	
y, ar		PART 2. OTHER SIG	NIFICANT CON	DITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TER	AINAL DISEASE OR CON	DITION GIVEN IN PART	1(0
injur	NO.								
and and	CERTIFICATION	19a DATE OF OPERA	TION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINE	
Hygiene Hygiene	Ē	-		-			YES NO	IN CERTIFYING CAUSE	NO T
Hyg 8 sh	E E	21a. ACCIDENT WAS UN		216. TIME OF INJURY	_	21c. HOW INJURY OCCUP		JRY IN ITEM 18, PART 1 OR PART 2	11
Mental h		OR CONTRIBUTING		HOUR A.M. MON			_		
or He	MEDICAL	21d. INJURY OCCUR		21e. PLACE OF INJURY	19	211. LOCATION			
Ре	A.	WHILE NOT W	HILE	( AT HOME STREET, FACTORY,		STREET	CITY OR TO	OWN COUNTY	STATE
nork		AT WORK AT WO		attended the deceased	1.6	10			
IS I		sow the decease		offended the deceased		nd that in (my) (our) opinion	death accurred as the d		_, that (I) (we) last
m 2		obove, (I) (we) ( 22b. SIGNATURE	did) (and not) vii	ew the body ofter death	1,		acom occurred on me o		
Dep H #e		220. SIGNATURE	10/-	1.0		DEGREE	MEDICAL STA		TE SIGNED
į į			Iran	que		PHYSICIAN	DIRECTOR PHYSI	CIAN	14/0-
ATA /		22d. PHYSICIAN'S N	AMBJ TYPE OR PRI	NT)		22e ADDRESS	- 11-	1	
WPORT		DR. PA	RIKH MI			St. A	ynos trasq	0 .	
1 4		BURIAL, CREMATION	REMOVAL 2	3b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	60.31	
		burial		11/8/82	Loudo	n Park Cemete	0 1	one litu lla	nuland
M 2/80	24 F	JNERAL DIRECTOR			DDRESS		TE REC'D. BY REGISTRAF		Celuly
1)	A	mbrone Fun	enal H.	ma 1228		ni Di Ni	JA 2 1305	Jamos	1000000
			THE STATE OF THE S		H = DDH B	10100 Kd			



1							STA	TE OF A	AARYLAND			-	-	-	2 79
X	10		OR			DEPART	MENT OF	HEALTH	I AND MENTAL H	HYGIENE	3 2	2	8	8 4	3
,	1.		STATE REGISTRAR		MI	EDICAL	EXAMIN	ER'S	CERTIFICATE C	OF DEAT	H DE	G. NO.			
			EASED NAME	F FIRST		MIDDLE			LAST		DATE KNOW		D DIM	AY YEAR	2b. HOUR
	750		OR PRINT)			po		: 4			OF ESTI	- X			
	Sanding.			Will	1 am	E.		1/1	etzbower	100	DEATH MATE		11	23, 82	
	Charl	J. SEX		4. RACE	5. DATE OF BIRTH	4	6. AGE (IN YE		NDER 1 YR. IF UNDER			MÓM	NTH D	AY YEAR	2d HOUR
	FEMAL	n	n/E	WHITE	17 3/	22	LAST BIRTHD	1010141	HS DAYS HOURS	MIN PR	DEAD	- 1	11 2	23 19 8	2 1:20
		101	Til E	U1111 E	76. CITIZEN OF V	VHAT COUN		tS.			BALTIMORE C				
	記るとと	FO	HOH CHINNY	1-1-1	The Cirizzino	~	IKI:	MARR	IED NEVER MARR	NED		- Cardinana			am
	HAN S		HEY	FIRM	14.8	H.		WIDOW	VED DIVORC	ED 🗆	Baltir	nore	City	1	MD.
	5 H H C >	10. CI	TOR TOWN	OF DEATH				, OR OTH	ER INSTITUTION		L OCCUPATIO		ORK 12h	KIND OF B	
	★生品共享		Balti	imore	St.	Aanac	Hospit	al		FORMO	ST OF WORKING LIF	E)	11	OR INDUST	307
	E Z E Z	HISTIA		(IF IN NURSING HOME O		CAVE BESIDENCE	BEEODE ADMISSA	241		14/15	111131			0,60	220
	TOEAN TO	13a. S1		13b. COUN			OR TOWN	JN)	13d. INSIDE CITY LIMITS?	13e_STREE	T ADDRESS		-	al la	24
21201	4 SECTION	n	nd			137	OTTO		YES NO	911.	STAM	FIN	20	MY	
MD	でるないなり	14. FA	THER'S NAME						15. MOTHER'S MAID	ENNAME					
1.4	1.595	0	TIST h	n	MIDDLE	7570	LAST	-0.	Pros	_	MIDDIA	on	206	LAID	_)
80	BB ≥ 4 A	2	10///			C/C/	KILUL	10	KVOL		710	1110	KIE	150	2
3	E SSO SE	YE (YE	S. NO. OR UNKNO	DEVER IN U.S. ARA	WAR QR DATES)	166. 500	IAL SECURIT	NO.	17. INFORMANT	~~~	ADE	MESS		21/	KI
BALTIMORE	A B S S S S S S S S S S S S S S S S S S		VES	1176	OTT				VIRMI	///FI	2 mu	FR	BI	FAR)A	PRY
	24 HOURS AFTER DE ITEM 18. GIVE PAGE IONG WITH POR PERMIT, PAGES I GIENE, DIVISION OF VAL.		18 CAUSEO	F DEATH (Enter onl	v nne couse per lis	ne for (a) (b)	and (c)							APPROXIMA	TE INTERVAL
PRESTON ST.,	DE SE SE		PARTIDE	ATH WAS CAUSED	BY: A.			44.	d:		1:		- 1	BETWEEN ONS	ET AND DEATH
NO	A SERBORA		11-71	IMMEDIAT	E CHOOL (O)				cardiovasc	ular c	risease				
ST	NA FIND		72	72	DUE TO, C	R AS A CON	ISEOUENCE	OF							
8	E SECTE			ris, if any, which se to immediate	(b)										
×.	ZZ Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z			stating the under-	< ' '	R AS A CON	ISEQUENCE (	)F		171111					
5	DAE- ON, O		lying cau	ise last.									9 -		
DIVISION OF VITAL RECORDS, 201 W.					(c)										
2	A B B C B C	_	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H RUT NOT RELA	TED TO THE TERM	INAL DISEAS	E OR CONDITION GIVEN IN PA	ART 1 (e)					
8	D BE EXECT PENDING" MEDICAL AS A BUR EALTH ANI CREMATIC	ŏ													
OK.		CERTIFICATION	190 DATE OF	OPERATION	19b CONE	ITION FOR	WHICH OPER	ATION W	AS PERFORMED?				2	O AUTOPSY	1?
Z	SHOULD ORD "PEI CHIEF A CHIEF	. E	arm con											vsc 🔘	WW.
>	P P P P P P P P P P P P P P P P P P P	RT	11- EVTEDNIA	AL CAUSE WAS	21b. TIME C	DE INTITUDA		I 21: 10	OW BUILDY OCCUPA					YES 🗌	ио Х Х
o a	E SE SE S		UNDERLYING			M. MONTH	DAY YEAR	ZIC. HI	OW INJURY OCCURRE	ED (ENTERNA	TURE OF INJURY IN I	TEM 18 PART 1	OR PART 2)		
N O	SEOSES	N N		NG CAUSE OF	DEATH P.	M.	19	100							
is i	CERTIFICATE MING THE W DED TO THE 3 SHOULD E DEPARTMEN 1 PRIOR TO E	MEDICAL	21d INJURY	OCCURRED		OF INJURY			CATION						
20	ARIT ARE DE SOL	E	WHILE	NOT WHILE	STREET, FA	CTORY, FARM, E	(C.)		STREET		CITY OR TOWN		COUNTY		STATE
	I 5 5 4 4 -	-	AT WORK	AT WORK											
	D'ATE D'ATE D'A	-	220 I certi	fy that I taak charg	e of the remains d	escribed abo	ve, held an	Autap	sy , Inspectio	ın X X I.	Inquiry	and in r	пу аріпіа	an n	
	NO FILE		death results	ed from Notur	al causes Y Y	Accident		icide	Hamicide .		mined manner				
	REC BEC		dedili resoni	1 7	NA.	Accident		icide		Ollocien	mined manner				
	<b>₩</b> ₩₩		ACTUAL	114	STAK	W			Assistan	+		D	ATE	11/2	23/82
	★ 분 문 본 분 · · · · · · · · · · · · · · · · · ·	-	SIGNATURE,	1/2	JUW	000		N	I.D. ASSISTAIL	MEDIC	AL EXAMINER	S	IGNED_	11/2	.3/02
	NOP	1	EW A A LIN IED/C	V11 \										9 .0	
	<b>*</b> SHERF		EXAMINER'S (TYPE OR PRI	NT)	Но	rmeziR	. Guar	d.M.	D <sub>DDRESS</sub> 1	11 Per	in Stree	et,Ba	Ito.	1D 212	.01
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BATTMORE, MARYLAND, 2	22a.8i	PIAL CREMA	TION, REMOVAL 7			KAME OF CE	AETERY O	NE CREMATORY	734,100	The state of the s				
1000	111	13	121	DIA/	11-21.0	220	1-11	200	hombal	12	17/77	-	COUNTY	n	Y
del 7	BP	24. Ft	INFRAL DIREC	100	1001	ONU	ul	311	185e DATE	REC'D. BY R	FGISTRAR 125h	REGISTRA	US SIGN	ATURE	
0001	DHMH - 17		regist /	000	- na /Aboy	Yann	9	011	-6- June	We all the	200	CONTRACTOR OF THE PARTY OF THE	0 /	2	1
	(VR A15 ME (5))	11	EDEL	C FURIF	KHLD	OIL	ECIT	DRI	BORNUV	2919	382 14	shu,	J- 4	anuly	<b>\</b>
	20M 4/82				Proportion in the second second	Market Street	-	-			U				



	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL
STATE	CERTIFICATE OF DEATH

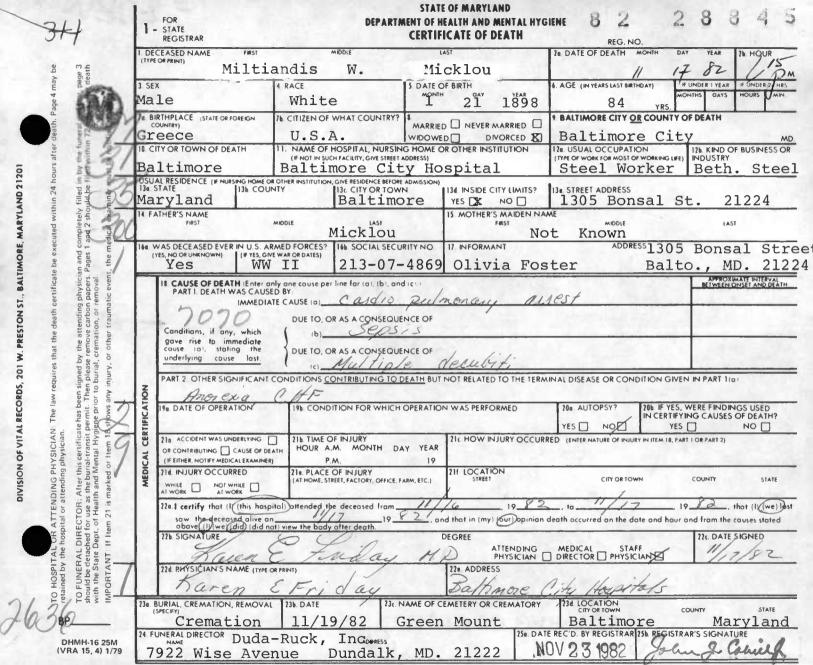
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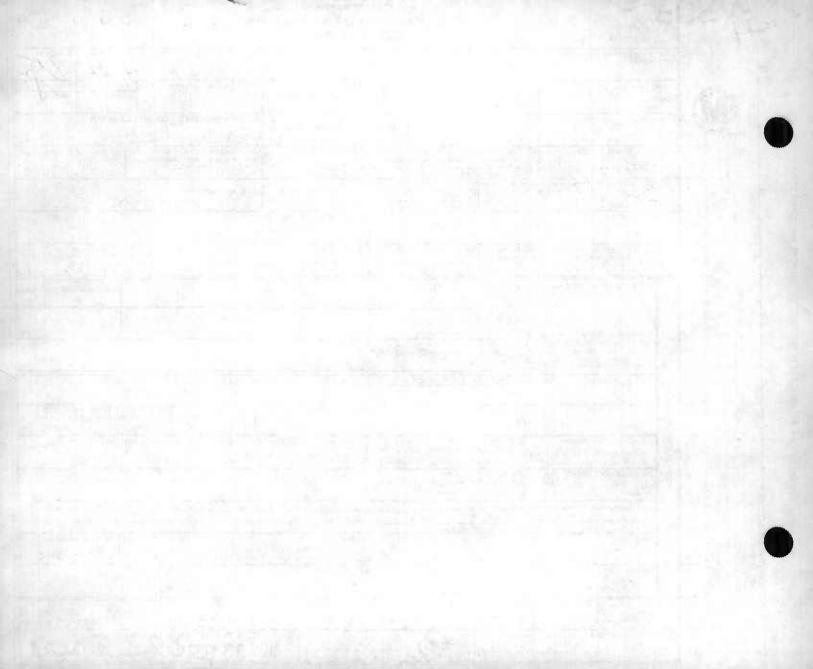
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		REGISTRAR		4	THE OF BER		REG. N	D.			
		CEASED NAME FIRST GEORPRINT) GE	RTRUDE N	IZER M	ICHEL	20	November		982	2b HOL	JR A M
	1 SE	X	4. RACE		OF BIRTH	6.	AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER I YEAR	IF UNDER	R 24 HRS
	- 3	Female	White	MONI		Eit	87	YRS.	MONTHS DATS	HOURS	MIN.
2	III B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8	ED NEVER MARE	9	BALTIMORE CITY O		OF DEATH		
-	-	Maryland	USA	WIDOW			Baltimore	City			MD.
5	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	L, NURSING HOME		TION 12	. USUAL OCCUPATI	ON	12h KIND		
C	1	Baltimore	3732 Tudor	Arms Ave	nue	(	type of work for most of Homemaker	F WORKING LI	FE) INDUSTRY		
7	I ISU	JAL RESIDENCE (IF NURSING HOME C STATE 1136 COU	OR OTHER INSTITUTION GIVE RESIDE	ENCE BEFORE ADMISSION		Lie					
5	100	aryland		timore	13d INSIDE CITY L		8732 Tudor	Arms	Avenue	212	11
		ATHER'S NAME			15 MOTHER'S MA			ALMS	Avenue		11
£.		John L. Nize	WIDDLE	LAST	FIRST	ner Ann	MIDDLE		1A	5.7	
Ť		WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166. SOC	IAL SECURITY NO.	17 INFORMANT	ILY AIII	1 Apple ADDRE	SS			
	()	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	74-2488	Mrs Erran	aic 7	Michal	тъ 1	200 Box		********
		1			IML. FLAII	ICIS A.	Michel,	Jr. I		KIMATE INTE	
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	ED BY:	STROKE					BETWEEN	ONSET AND	DEATH
		H3 IMMEDIA	TE CAUSE (a)	3. 12.16	7	400					
		1300	DUE TO, OR AS A CO	ONSEQUENCE OF		20.0	GENL		10	+ 01	es
		Canditians, if any, which gove rise to immediate	(p)	TIEVERGE	SCLURE	75,65	GENL			7 "	3
		couse (o), stating the underlying cause last.	DUE TO, OR AS A CO	ONSEQUENCE OF					300		
			( (c)								
	NOIL	PART 2 OTHER SIGNIFICANT	3 MELLI	TUS NO	ON INSHL	IN	DEPENDE		SENIL PART 1		MENTI,
?	CERTIFICATION	90 DATE OF OPERATION	19b. CONDITION FOI	R WHICH OPERATIC	ON WAS PERFORME	D	200 AUTOPSY?  YES NO X	IN CERTIF	S, WERE FINDI FYING CAUSES S	NGS USE S OF DEA NO [	TH?
5	CES	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY	OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 F	PART I OR PART 2)		
П	AL	OR CONTRIBUTING CAUSE OF DE	Alli	19							
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJUR	Y	211 LOCATION		CITY OR TO	101	COUNTY		STATE
	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR	RY, OFFICE, FARM, ETC.)	SIKEEI		CITYORIO	-	COUNTY		STATE
		220.1 certify that (I) (this hosp	ifal) attended the decease		1N 3 19	81	10	- 6	19 57	that (I) (	(we) last
		saw the deceased alive or above, (I) (ve) (did) (did no	JULY 16	2 19 82 0	nd that in (my) (gor)	opinian deo	th accurred an the do	ite and hav	ond from the	causes st	ated
		22b. SIGNATURE	New the body after dea	ith.	DEGREE					SIGNED	
		Wm (	al Me	1 -		NDING /	MEDICAL STAF		11	/8/8:	2
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	my	22e ADDRESS	ICIAN LALL	DIRECTOR PHYSIC	IAN []	1 11	10/0.	
		William Ca	rl Ebeling, 1	M.D.	7401 0	sler D	rive				A.D.
	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	CEMETERY OR CREM	AATORY	23d. LOCATION		COUNTY		STATE
		Burial	11/10/82	Most Ho	ly Redeem		Baltimo		aryland	1	and t
		UNERAL DIRECTOR		ADDRESS # A # A		250 DATE R	EC'D. BY REGISTRAR	2.16 REGIST	RAR'S SIGNA	UREO	0 1
	Ru	ck Towson Fune	ral Home, In	2. 1050	York Rd.	NUV	U N82	Ja-Can	and Ca	heel!	

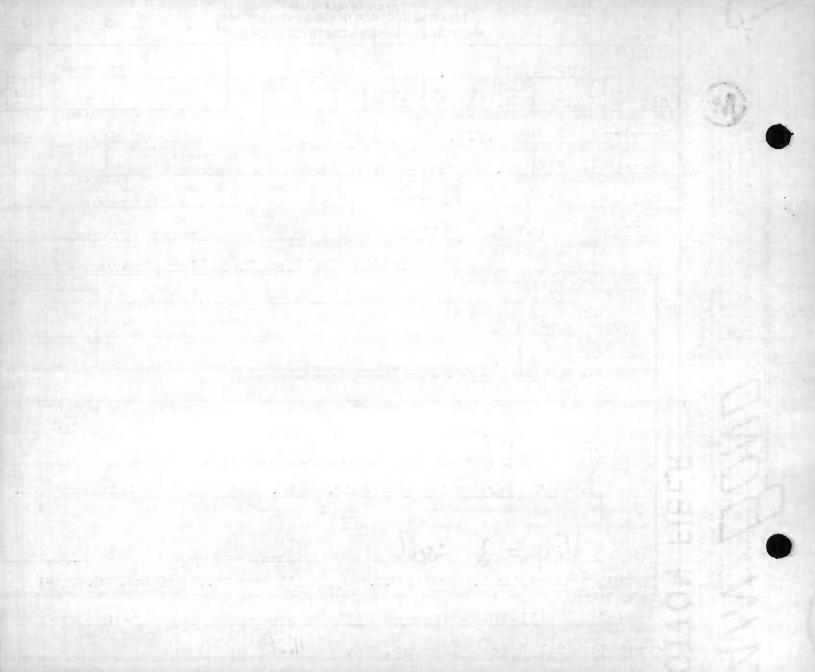
DHMH : 16-50M 1/81 (VRA 15, 4)

Minimum Committee to the contract of the contr 





STATE OF MARYLAND



STATE OF MARYLAND

The supplemental 

-18	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2 REG. NO.	28848
RA).		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
Sar X		JACOB	EDWARD	MILLER	11 16	
	3. SE	X	4. RACE	5. DATE OF BIRTH 5/18/99	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
recto urs o	1	Male	White	77/78/87	8 3 YRS	
death. Po		IRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76. CITIZEN OF WHAT COUNTRY U.S.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUN	1
by the full design of the full d	B	ALTIMORE	VAMC LOCH RAVE	N BLVD BALTO MD	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Sales	126. KIND OF BUSINESS OF INDUSTRY  Oil
24 hour	USU 13a.	AL RESIDENCE (IF NURSING HOME COLUMN	DROTHER INSTITUTION GIVE RESIDENCE BEFO INTY 13c. CITY OR TO Cockeys	WN 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 1426 Ivy Hill	Road
npletely and 2 sh		ATHER'S NAME FIRST  illiam	MIDDLE LAST E. Mil	15. MOTHER'S MAIDEN NA  ler Matilda	ME	Krum
nd con ges 1 dical		WAS DECEASED EVER IN U.S. A		CURITY NO. 17 INFORMANT	ADDRESS	
Pog. Pog	1	YES, NO OR UNKNOWN) (IF YES, G	II 212 01	7227 Mrs. Dorothy	Miller (Same	\$ as#13.)
death certificate otherding physic over corban pape tion, or removal aumotic event, it		5990 IMMEDIA	only one couse per line for (b), (b), one couse per line for (c), (b), one couse (c), one c), one couse (c), one couse (c), one couse (c), one couse (c), on	VENCE OF T	nto this	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
that the deat d by the offer ease remove ( iol, cremation or other traum		Conditions, if ony, which gove rise to immediate couse [0], stofing the underlying couse lost.	DUE TO, OR AS A CONSEQ		dilure	
en signe Then pl or to burn	NON	PART 2 OTHER SIGNIFICANT	hal vas	war de	AINAL DISEASE OR CONDITION C	
The law icion.  te has be sit permit giene priishows on it.	CERTIFICATION	HI DATE OF OPERATION		CH OPERATION WAS PERFORMED	YES NO NO NO CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \text{ NO } \text{ \text{ NO } \text{ \text{ \text{ NO } } \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ NO } }  \text{ \tex{ \text{ \text{ \text{ \text{ \text{ \text{ \text{ \text{ \text{
tYSICIAN: The ding physicic is certificate buriol-transit Mental Hygin or them 18 sho	1	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN		DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM )	8 PART 1 OR PART 2)
Oth C PHYS or offendin After this c e as the bur ofth and Me marked or M	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	214. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
ATTENDIF spital or CTOR: Al for use of of Healt		22a.1 certify that XI) (this has sow the deceased alive a above, XI) (well (did) XIX)	ntati attended, the deceased from NOVEMBET 16, 19	November 5, 19 82, and that in (Xy) (aur) opinion	, to November, 16 death occurred on the date and h	
by the hos by the hos e detached State Dept.		276 SIGNATURE	an M	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11 17 82
FO HOSPITAL etained by the TO FUNERAL should be deformed by the State with the State MAPORTANT: P		Michael	ORPRINTI) SELF	220 ADDRESS 3900 Loch R	Raven Blvd. Balt	o. Md 21218
BP		BURIAL, CREMATION, REMOVA (SPEC#Y) Removal	236. DATE 236. 11/17/82	L. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24. F	UNERAL DIRECTOR NAME Anator	my Board	Balto., Md.	VOV 2 3 1982 250 156	ISTRAR'S SIGNAL CELLER

	8 6 5	1 17		-Tra
	TEA.			
				-DK
			. 3	
Committee (1985)				
			Scale-V.	

		REGISTRAR				CERTI	ICATE OF DEA	IH	REG. N	0.			
		OR PRINTS	WILLI	444	MIDDLE		IAST	10	20 DATE OF DEATH		DAY	To const	26 HOUR
J.	3 SEX	(	MILLI	1 RACE	E.		OF BIRTH	UR.	6. AGE (IN YEARS LAST BIR			1982 DER I YEAR	9:14 PA
		MALE		Wh	ITE	AUG	1	19/0	72	- YRS			HOURS MIN.
83	PE BI	DUNTRY	E OR FOREIGN	76. CITIZEN OF	S. A	MARRIE			9. BALTIMORE CITY C		-		
2//	T CI	JARYLAN		11. NAME OF	HOSPITAL, N		DIVOR	TION	120 USUAL OCCUPAT			b. KIND OF	F BUSINESS OR
49		BALTO		GOOD	0.	ARITAN	Hosp.		SECURITY G	UAR		STE	EL Co.
35	13a. S	TATE	NURSING HOME O	R OTHER INSTITUTION	13c. CITY OF	E BEFORE ADMISSION)	13d. INSIDE CITY I		13e. STREET ADDRESS	UEEN		-	SIJ34
130	14 FA	THER'S NAME	AM F	MIDDLE MIL	) Ep	So	15 MOTHER'S MA	HER	AE MIDDLE		0150	LAST	
g dico		AS DECEASED E	VER IN U.S. AF			SECURITY NO.	17. INFORMANT		ADDRI	ESS			21234
0		YES		II.W.	217-0	19-4260	Mrs. Mar	ms. N	Julle - 11	11/8	Ince		re Drive
ent, †	П	18 CAUSE OF D PART I. DE AT	TH WAS CAUSE				00.045	201	1000	-	-	BETWEEN	MATE INTERVAL
tic ev		410	O IMMEDIA	TE CAUSE (o)	77.1		SPIRAT	DKY	ARRES	1			
		Conditions, if	ony, which	DUE TO, (b)	PROBIAL	SEQUENCE OF	4 YO CARI	DIAL	INFARCE	TON			
		gove rise to	immediate	)		SEQUENCE OF							
		underlying c	ouse last.	(c)_	on no n com	3.001.101.01						28	
. dua	z	PART 2 OTHER	SIGNIFICANT	CONDITIONS	ONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CON	DITION	SIVEN IN	PART 10	
7	CERTIFICATION	19a. DATE OF OP	ERATION	196 CONE	DITION FOR W	VHICH OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	20b. IF Y	res, Wer	RE FINDIN	GS USED
1	TIFIC								YES NOW	INCER			OF DEATH?
1		21a. ACCIDENT WA	-		OF INJURY	H DAY YEAR	21¢ HOW INJUR	Y OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 1	8 PART I O	R PART 2)	
7	MEDICAL	(IF EITHER NOTIFY	MEDICAL EXAMINE	R) F	P.M.	19					17		
	MED	21d INJURY OCH	OT WHILE		OF INJURY	OFFICE FARM, ETC.)	211 LOCATION STREET		CITY OR TO	WN	C	OUNTY	STATE
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 20 DATE OF DEATH YEAR 26 HOUR (TYPE OR PRINT) ELWOOD MINOR 21 82 4. RACE IF UNDER I YEAR IF UNDER 24 HRS SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) YFAR4 10 BLACK MALE 67 BIRTHPLACE STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED KNEVER MARRIED VIRGINIA CITY WIDOWED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, 130 STATE GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 130 STREET ADDRESS KER STREET BALTIMORE MARYLAND 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE RUTH MIDDLE SMITH LAST LIKE MINOR 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) MABLE MINOR 508 BAKER STREET 21217 217-01-4789 APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions. gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 CERTIFICATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from (aur) apinion death accurred an the date and hour and from the couses stated and that we) (did) (bid not) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING: MEDICAL PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN'S NAME (TYPE OF PRINT 22e. ADDRESS

MPORTANT. ENTOMBMENT

DHMH - 16 50M 1/76 (VR A 15 (4))

230 BURIAL, CREMATION, REMOVAL 23b. DATE

11-26-82

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION

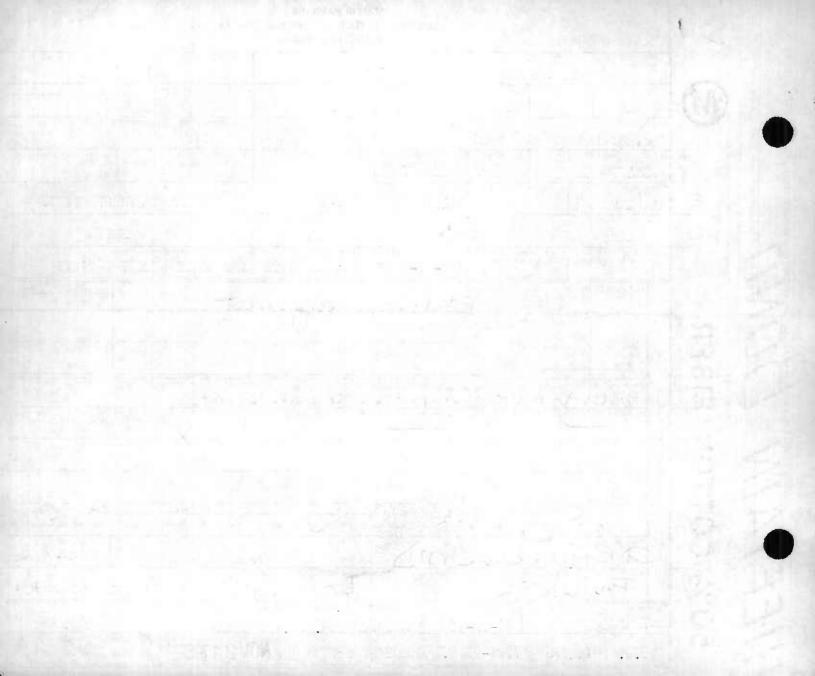
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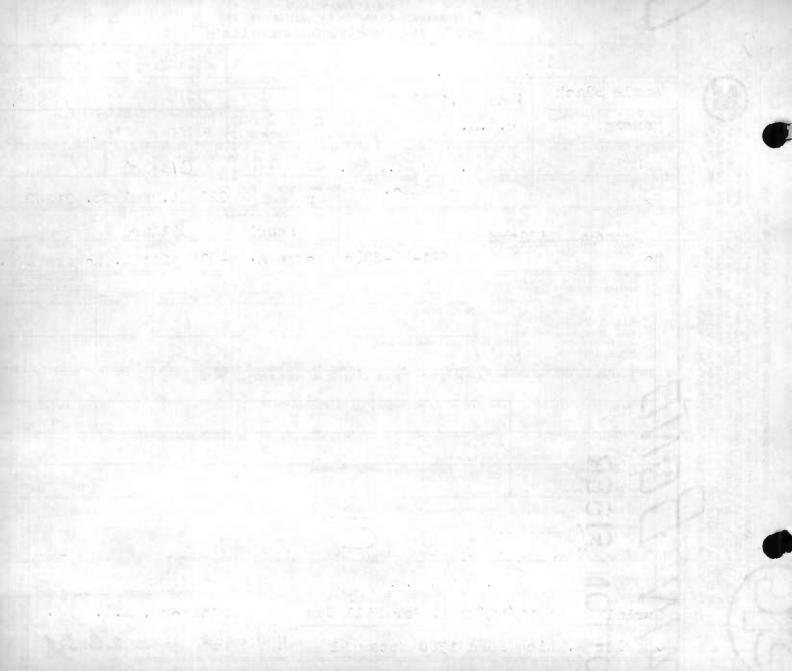
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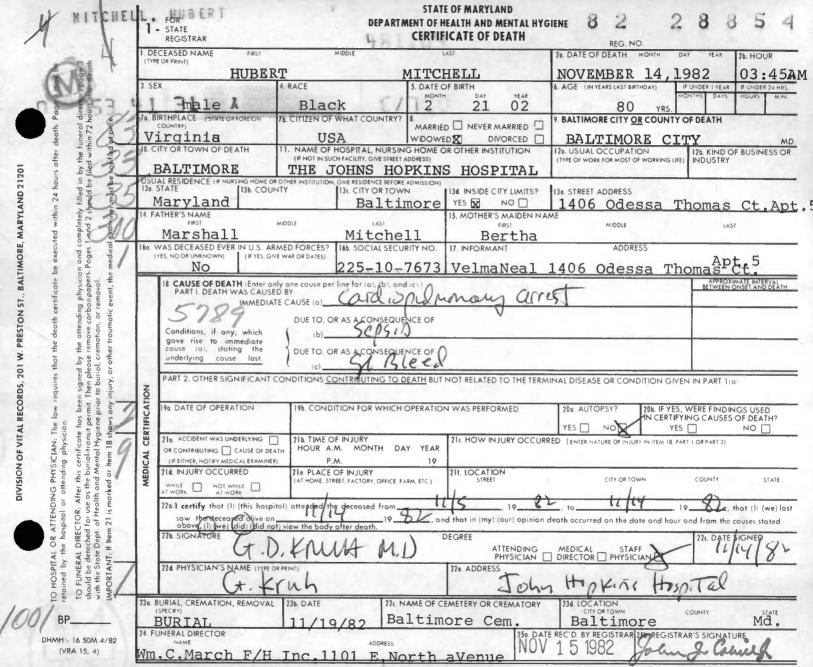
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	DELAY IS N TO THE FU N PAGE 5 BE FILED SOF 201 W	Baltimore 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (FOR MOST OF WORKING LIFE)  222 St. Paul St., Apt. 807  BUSUAL RESIDENCE IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)							12b. KIND	OF BUSINESS IDUSTRY			
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•	TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED FOR FAREA DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLWAORE, MARYLAND, 21201 P		220   certir death results ACTUAL SIGNATURE	Digital Street	e of the remains do	Accident , M	Autop Suicide M	sy X, Inspec , Hamicide TITLE (SPECIFY) .DASSISTAT	, Undeterm	Inquiry ,	ond in my or ], DATE SIGNE	11	-12-82
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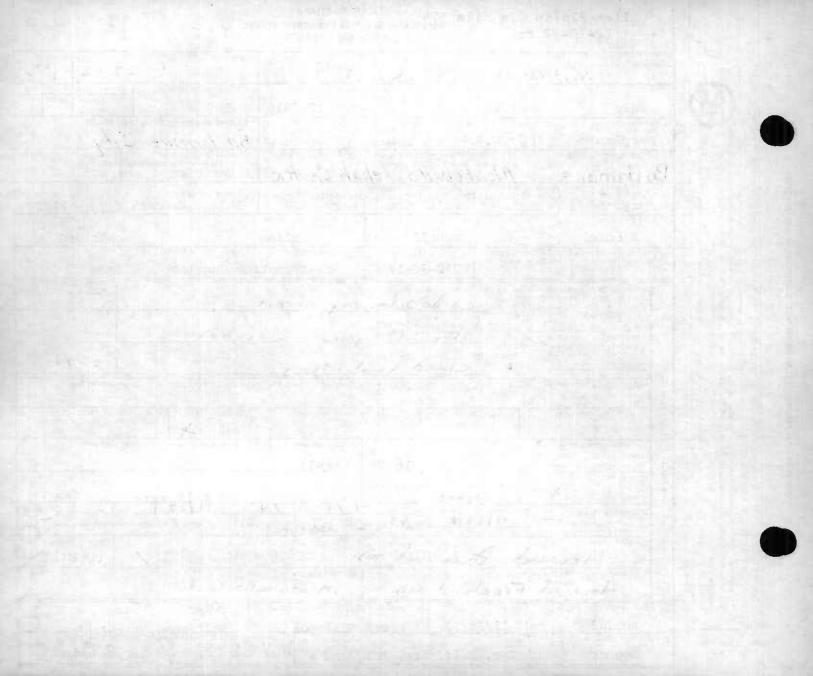
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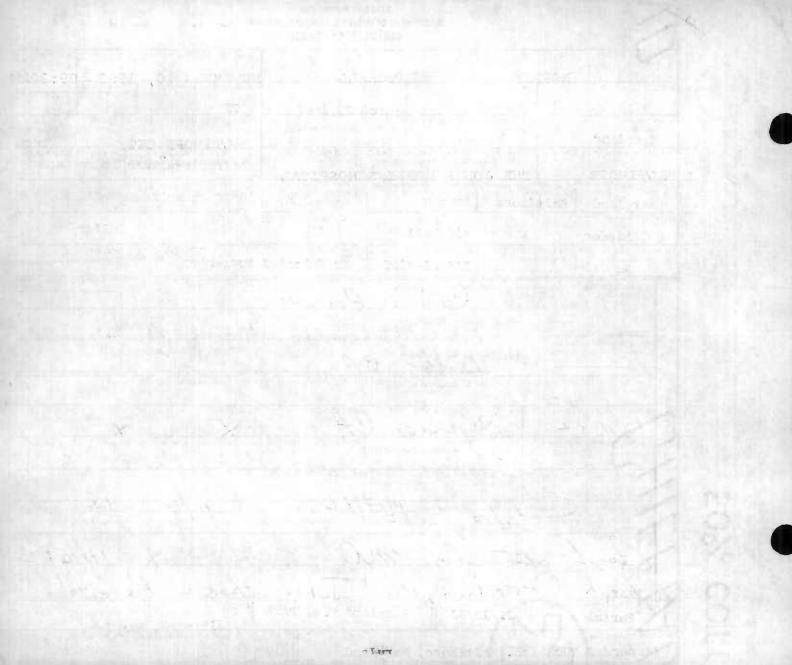
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Sue LINDA 11/08/82 MTTCHELL 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR White Mar. 30, 1954 Female BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Maryland USA WIDOWED [ DIVORCED [ BALTIMORE CITY 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120 LISUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE Administrator THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 130. STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Baltimore 6206 Chinquapin Pkwy., 21239 YES X NO 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Puffenbarger Helen Paul Hull 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) LYES NO OR UNKNOWN) William M. Mitchell, Balto., MD 212 66 6232 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I, DEATH WAS CAUSED BY ARREST CARDIAC 11/2 HOURS MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CARDIOCIENIC SHOCK 2 WEEKS Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF 21/2 WEEKS underlying cause last. MYOCARDITIS VIRAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IS RENAL PAILURE. SEPSIS HEPATIC FAILURE 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from OCTOBER 29 19.82 to NOVEMBER 8 1982 , that (1) (we) los sow the decayed live an NOVEMBER & obave, (I) we'd did! did not; view the bady ofter death. and that in (my) (our) opinion death occurred on the date and hour and from the couses stated 226 SIGNATURE DEGREE 22c DATE SIGNED atricia a Shoudel MEDICAL DIRECTOR | PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS JOHN'S HOPKINS HOSPITAL SAVADEL 23t. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 11/12/82 Belair Mem. Grds. Belair. MD 250. DATE REC'D. BY REGISTRAR 256. PESISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. DHMH - 16 50M 4/82 4905 York Road Balto., MD 21212 (VRA 15, 4)

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H	FOR Item 21aThu 1- STATE 12-20-92 REGISTRAR	ZZA FILM DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	FIENE 8 2 2 8	3 3 5 5
8 74	DECEASED NAME FIRST Michae	Nicholas Nicholas	Mitchell	20. DATE OF DEATH MONTH DAY	1 / M
	Male Male	A	Ale'of Birth / MONTH DAY PEAR PORTURE TYPE 27,1936	46 YRS.	
O 185	a. BIRTHPLACE (STATE OR FOREIGN COUNTRY),  Maryland	U.S.A. WID	ARRIED NEVER MARRIED OWED DIVORCED	BALTIMORE CITY OR COUNTY OF	ity MD.
Doy the 12	Baltimore	11. NAME OF HOSPITAL, NURSING HO	ehab Center		126. KIND OF BUSINESS OR INDUSTRY
AND 217	Maryland 13 COUI	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS NTY 130 CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1624 Wadsworth W	lay 21239
MARYL and with majetely majetely	FATHER'S NAME  Michael	Mitchell Mitchell	15 MOTHER'S MAIDEN NA	MIDDLE	pharidou
TIMORE, be assected to Proper to medico	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) NO	RMED FORCES? 16b SOCIAL SECURITY N 212-34-149			Same  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
201 W. PRESTON ST es, that the death cert eed by the attending a please semants or re- urel, cremation, or re- y, or other traumatic er,	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE  (b) AS PITCHED  DUE TO, OR AS A CONSEQUENCE  (c) C D S C C C C C C C C C C C C C C C C C	or presmonia.		2-74 IN PART 1(0)
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by the ho ERAL DIRE e detached Score Dept	22b. SIGNATURE	hules of be	DEGREE  ATTENDING PHYSICIAN  220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	11/27/82
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2758BP 427	230. BURIAL, CREMATION, REMOVA (SPECIFY)  Burial		eek Orthodox	Baltimore May	SULTAND
DHMH - 16 50M 7/77 (VR A 15 (4))	24 FUNERAL DIRECTOR NAME Leonard J Ruc	ck Inc. Baltimore,	MUI	te rec'd. by registrar 256 registra 29 1982	& Cahulf





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STATE OF MARYLAND

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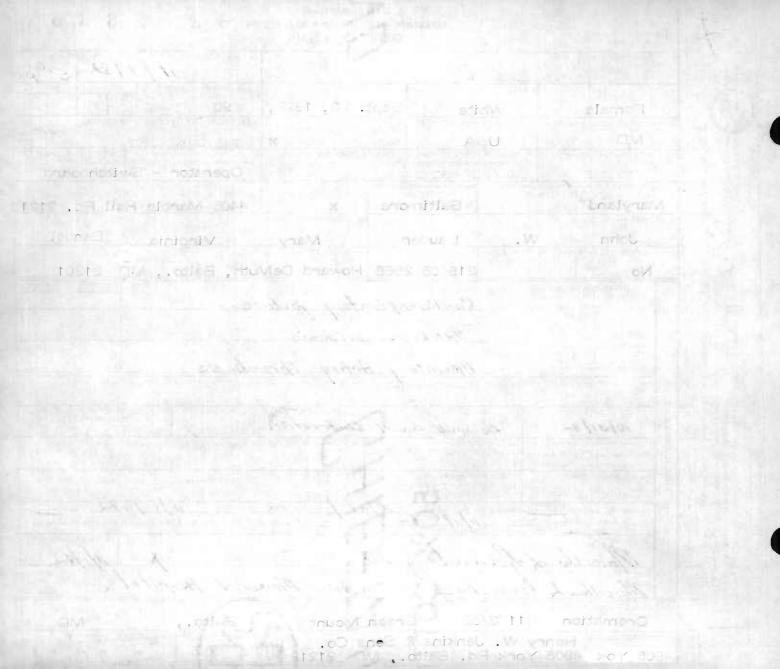
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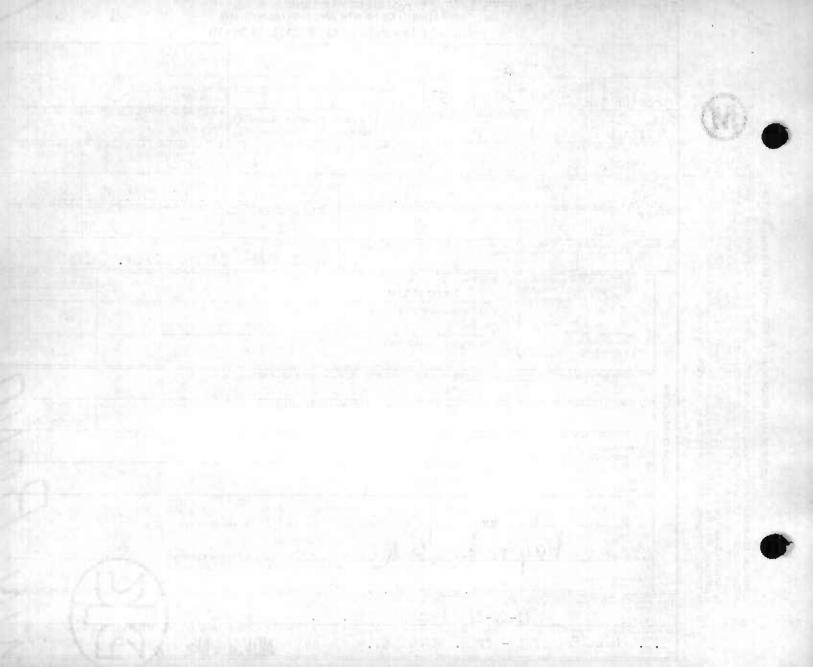
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5, 201 W. PRESTON ST., BALTIMORE, MD. CUTED WITHIN 24 HOURS AFTER DEATH IN PENCIL IN ITEM 18 GIVE PAGES 1. E EXAMINER ALONG WITH FORM PM. 3.	JRIAL - TRANSIT PERA ND MENTAL HYGIEN TION, OR REMOVAL.		Canditian gave ris cause (a) lying cau	ns, it any, which the tall immedial stating the under see last.	ch (b) (c) (c) (c)	Narcot AS A CONSEC	QUENCE OF					
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	GE 3 SHOULD BE USED AT DE PARTMENT OF HEAT OF PRIOR TO BURIAL, CONTROL OF THE PRIOR TO BURIAL,	MEDICAL CERT	UNDERLYING CONTRIBUTION 21d. INJURY CO WHILE	CCURRED NOT WHILE	F DEATH P.A.	MONTH DA	Y YEAR 19 THOME, 21f. LC	OW INJURY OCCURRED CATION	D (ENTER NATURE OF INJURY IN II	TEM 18 PART 1 OR PAR	27 2)	STATE
NER: THIS	TO FUNERAL DIRECTOR: PAC AFTER DEATH, WITH THE STAT BALTIMORE, MARYLAND, 212	1	22a. I certif death results ACTUAL SIGNATURE	y that I toak cho	arge of the remains de tural causes \$23.	Accident Accident	held an Autar	, Hamicide	Undetermined manner	and in my api	inion p_11-22-8	32
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,	H - 17 5 ME (5)) 4/82	E.	LAME PHI.	LLIPS 1	1721 - 27 PRE	. MONRO	DE ST.	3	OV.241982	John,	J. Come	4



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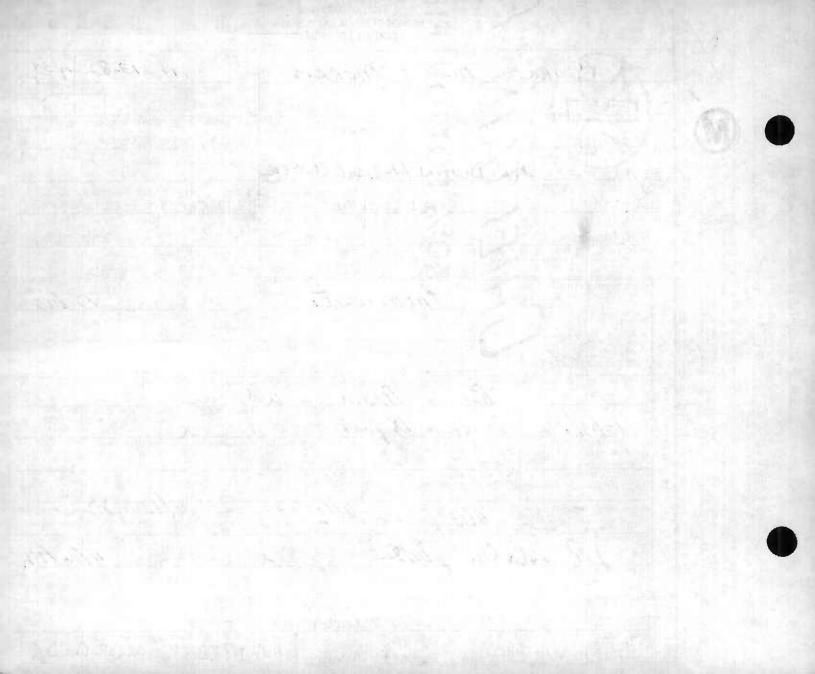
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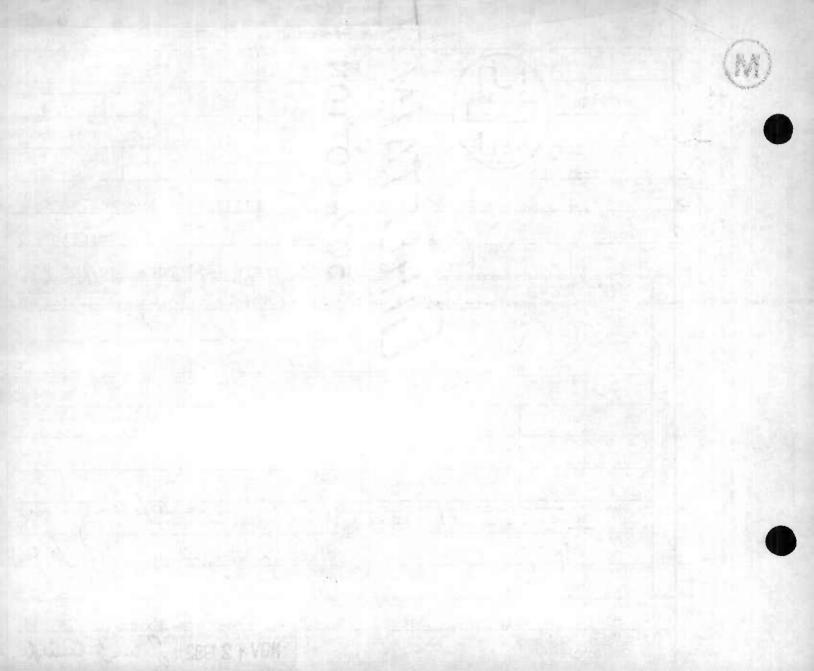
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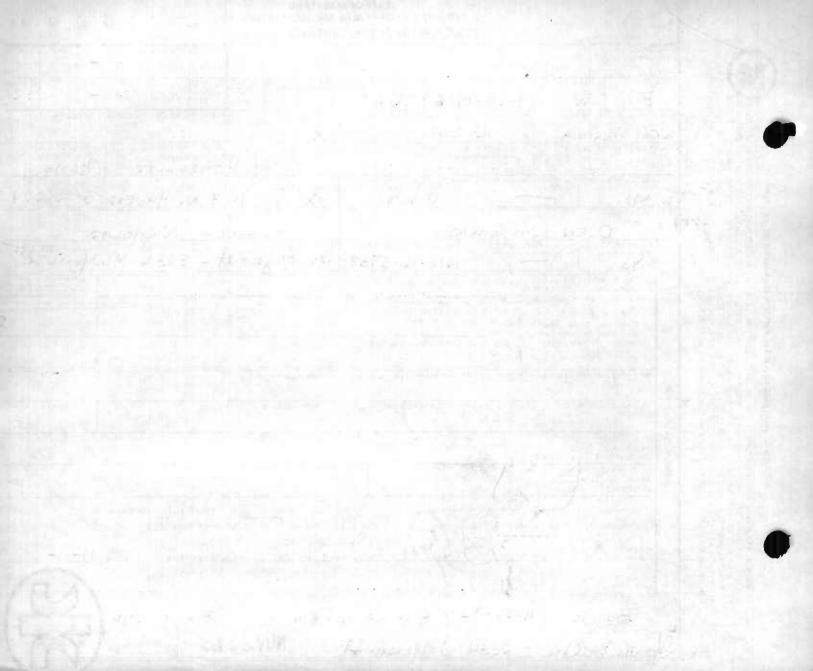
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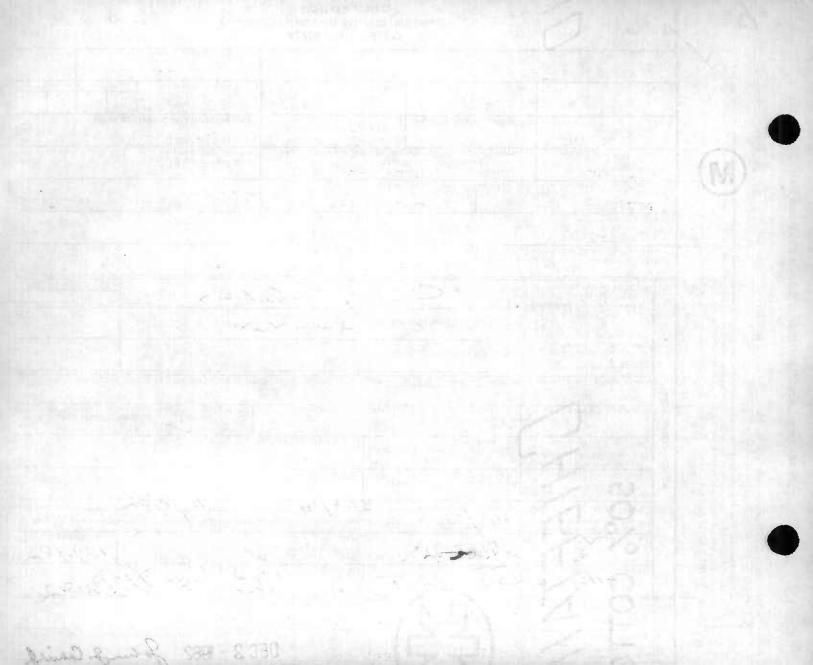
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH









Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE

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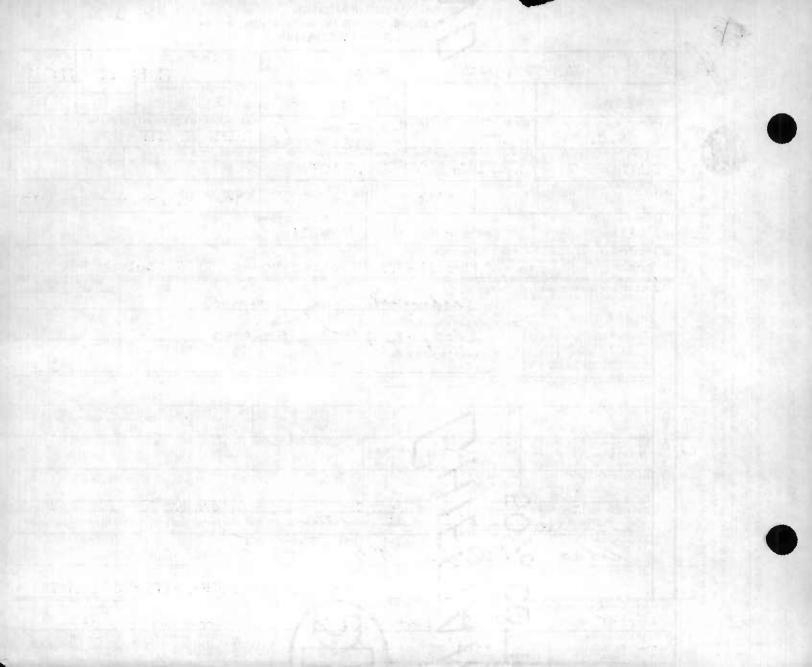
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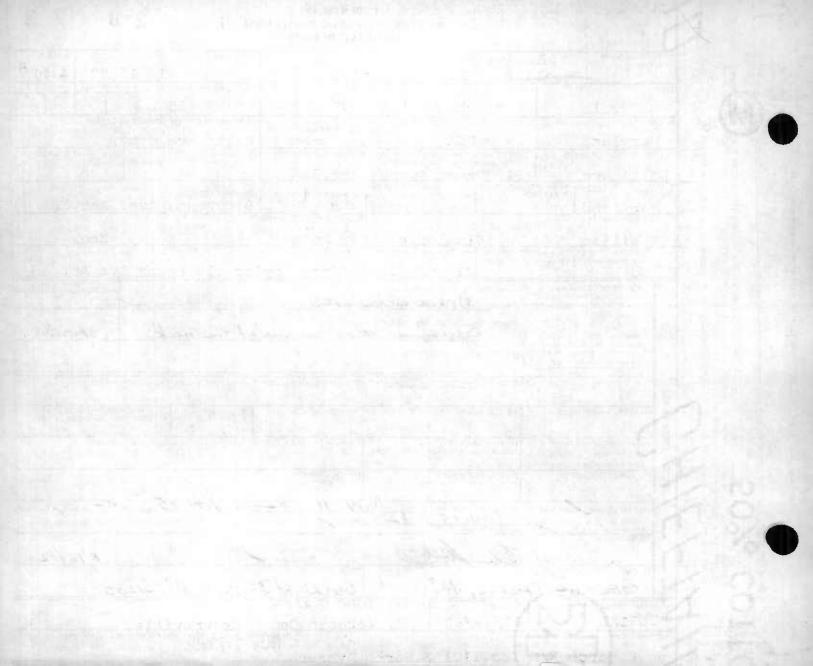
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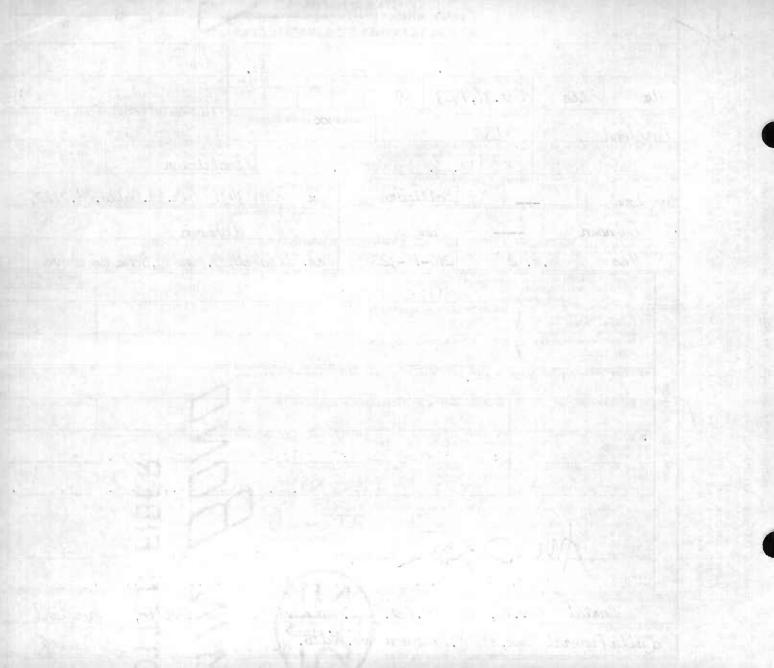
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9 e 6		ORPRINT) ROSAL		Movler	11	15 82 6:00
de de	3. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
(AA)	1	Female	Black	9 27 27 YEAR 27	55 yrs.	MONTHS DAYS HOURS M
01	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	7 8. MARRIED NEVER MARRIED	BALTIMORE CITY OF COUNT	Y OF DEATH
		Maryland	USA	WIDOWED DIVORCED		tv,
P S S S S S S S S S S S S S S S S S S S	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS
s of	Ba	altimore		venue Apt.3B	(TITE OF WORK FOR MOST OF WORKING )	**************************************
Be and	130. S	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)	13e. STREET ADDRESS	
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and and	1	Willie	Singlet		7110005	Knox
ond co		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL SEC	CURITY NO. 17. INFORMANT	ADDRESS	
n and n and medice		No		-3509 Sidney Mo	yler 910 Penna	Ave Apt 3E
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quires that the signed by the hen please rer ta buriol, crem	NC	gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (	OUE TO, OR S & CONSEQ (c) CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TEL	RMINAL DISEASE OR CONDITION GI	VEN IN PART 110
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XX	STATE OF MARYLAND  POR  STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 8 6 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	I. DECEASED NAME FIRST MIDDLE LAST 26. DATE OF DEATH MONTH DAY YEAR 26. HOUR
	LAWEENCE MUNDELL 11/8829 AM 3. SEX 14. RACE 0 S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS
_ (M)	MONTH DAY YEAR 47 YRS. MONTHS DAYS HOURS MIN
Part of the same o	Anne Avunder (State or Foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED   NEVER MARRIED   P. BALTIMORÉ CITY OR COUNTY OF DEATH WIDOWED   DIVORCED   Balto. MD.
# 100	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (1996 OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  12. KIND OF BUSINESS OR (1996 OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
AND 212	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  131. COUNTY  132. CITY OR TOWN  134. INSIDE CITY LIMITS?  132. STREET ADDRESS  YES IN NO   428 Haulem Are.
MARTIN MARTIN	1. FATHER'S NAME FIRST MIDDLE MIDDLE MIDDLE MIDDLE MATCHEUS  15. MOTHER'S MAIDEN NAME MIDDLE MATCHEUS
TIMORE, De esecut	ADDRESS 2/5-30-889 Eigene Mundell 550/Wilvan are.
IDS, 20) W. PRESTON ST., R quires that the death carditor signed by the attending phy then please remove corbourphone to buring committee or remove news, or other traumdatic event	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  UNDER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)
AL RECO	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CRITIFYING CAUSES OF DEATH?
OF VITA CLAN T Physical Schromes Hygens 18 46	21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH (WE SITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
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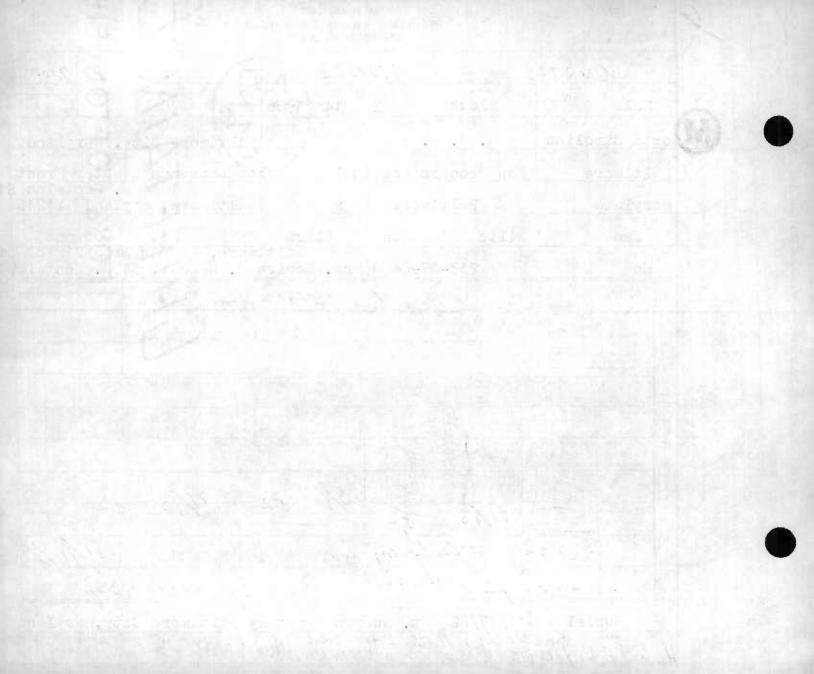
STATE OF MARYLAND

James James Committee Comm AND THE PROPERTY OF THE PARTY O Software Commence of the second of the secon Barb. 4 3707 S. Handles SIM of I as sums to the state of the Section of the Sec Talanda Catalaga Carta Salar Sa Widod B. Tator M. D. C. C. C. W. L. W. Wall Michael S. 1830 - 1301 5 January 29

× 8	1.	FOR STATE	DEPAR	STATE OF MARYLAND  IMENT OF HEALTH AND MENTAL HY  CERTIFICATE OF DEATH	GIENE 8 2 2	8 8 / /
od se s		CEASED NAME CEASED NAME OF PRINTS	Betty Lou YE	IAST	REG. NO.	7782 BEHOUR
recto pog	-	Female	White	5. DATE OF BIRTH DAY 2 28 33	(49) 49 YRS.	IF UNDER 1 YEAR IF UNDER 24 MRS.
unerol of or	/	RTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	USA USA	WIDOWED DIVORCED		MD.
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AND 21:	13a.	Md. Bal	or other institution, give residence before NIA (TYPE 1961) Ptimore Woodla	YNT 138. INSIDE CITY LIMITS?	130 STREET ADDRESS (IRK	20201
MARYL ompletely ond 2 st	14. F	CHARLE Charl	LES LASE	BUZ 15. MOTHER'S MAIDEN NA	MIDDLE	Smith Smith
IIMORE,		NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SEC SIVE WAR OR DATES) 212-30-	- John III Muon	s 3rd Balti <b>m</b> ore	, Md; 21207
The death certificate the otherding physici remove corbon paper remotion, or removal.		Conditions, if ony, which gove rise to immediate cause (a), stating the	polly one couse per line for job, (b) cosed BY:  ATE CAUSE (o)  DUE TO, OR AS A CONSEO  (b)  DUE TO, OR AS A CONSEO	UENCE OF	ALTIS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
RECORDS, 201 W  In the low requires that in.  Record by permit. Then please by permit. Then please by the lower to burial. or the lower to burial.	CERTIFICATION	PART 2: OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF YES IN CERTIF	EN IN PART 1:0  , WERE FINDINGS USED YING CAUSES OF DEATH?
DIVISION OF VITAL  NG PHYSICIAN: The r ottending physicion wher this certificate h os the buriol-tronsit p th and Mental Hygis orked or frem 18 sh	MEDICAL CERT	21a, ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DI	P.M.	DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, P.	
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that (1) (1his hasp	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	11/23 19 9	2.10 11/27	COUNTY STATE
1 OR ATTEND the hospital on 1 DIRECTOR: A rached for use e Dept. of Head		saw the deceased after a	/ 11 1 ~ 1	DEGREE ATTENDING	MEDICAL STAFF	r and from the causes stated
D HOSPITAL toined by th O FUNERAL hould be dete		220 PHYSICIAN/SNAME (TYPE	CATES	PHYSICIAN 220. ADDRESS	DIRECTOR PHYSICIAN A	
0000 BP		BURIAL CREMATION REMOVA  Cremation  UNERAL DIRECTOR Witzk	11/29/82	NAME OF CEMETERY OR CREMATORY  estview Crematory  135. DA	23d. LOCATION CITY OR TOWN	Balto Md
DHMH - 16 50M 4/82 (VRA 15, 4)		1.4541.48	Ave Baltimore. M	420	7= 1782 John	- Cauch

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	oxsol5_	merchal recen			urf-1
1.54		X 2	malbed Lone	eolia	
• 100 est m. 140			71-02-51		

82228 PH .



LAST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE NOVEMBER 20. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 224 DATE SIGNED DIRECTOR PHYSICIAN BALTO., MD. 21218 24 FUNERAL DIRECTOR 2165 DHMH - 16 50M 4/82 ADDRESS (VRA 15, 4)

STATE OF MARYLAND

7h. HOUR

124 KIND OF BUSINESS OR

26

82

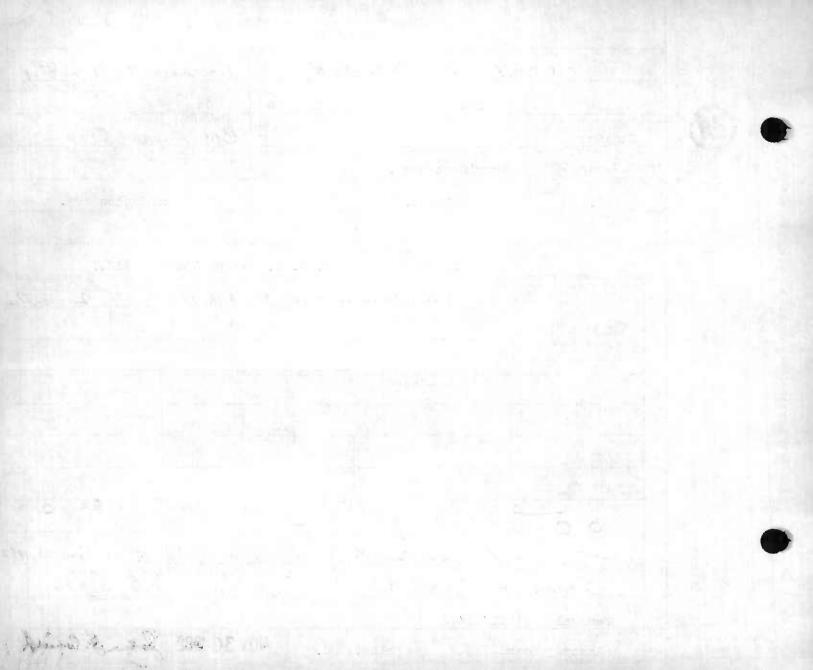
IF UNDER 1 YEAR

INDUSTRY

6:35P

IF UNDER 24 HRS

	1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY	GIENE 8 2	2 8	8 8	U
o ≈ ±		CEASED NAME	FIRST		D.		-SON	h /	MONTH DAY		HOUR
nay be page 3	3 SE			4 RACE	D. 1	S. DATE	N.H.	10 DUEM B		19-0	M NDER 24 HRS
e 4		Male		Bla	ck	MONT 2		76	YRS	S DAYS HOU	IRS MIN
O State of the sta		RTHPLACE (STATE OR FOI DUNTRY)  Jamaica	REIGN	76 CITIZEN OF	WHAT COUNTRY	MARRIE WIDOW	D NEVER MARRIED &	BALTIMORE CITY O	OR COUNTY OF	DEATH	MD.
os offer d	10.00	TY OR TOWN OF DEA		(IF NOT IN SUC	HOSPITAL, NURSI CHEACILITY, GIVE STREE dent Hos	( ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION 12 OF WORKING LIFE) IN	NOUSTRY	SINESS OR
AND 2120	ISU Ja	AL RESIDENCE (IF NURSII STATE Md.	NG HOME OR 13b COUN		GIVE RESIDENCE BEFO 130 CITY OR TOV Balto.		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 5508 St	coningto	n Ave.	
BALTIMORE, MARYLAND cote be executed within 24 system and completely filler open food within 24 vol. it, the irredical according to	14 F/	THER'S NAME FIRST	٨	MIDDLE	LAST		15 MOTHER'S MAIDEN NA			LAST	
SRE, I		VAS DECEASED EVER I		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS		
TIMO		No			216-10-	8731	Ms. F. O.	Gordon (Same	e as #13	APPROXIMATE I	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAL NG PHYSICIAN: The low requires that the death certificate offending physician. If the this certificate has been signed by the attending physici os the burial-transit permit. Then please remove carbonapapes th and Mental Hygiene prior to burial, cremation, or removal. orked or them 18 shows any injury, or other traumatic event, th		PART I. DEATH W.  / SO 9  Conditions, if ony, gove rise to imm couse to, storing underlying couse	which iediote the	DUE TO, O	R AS A CONSEOL	ENCE OF	OF THE E	SUPHAGUS		2 m	onla
requires the requires the signed I Then plea injury, are	NOI	PART 2 OTHER SIGN	IFICANT C	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	winal disease or con	DITION GIVEN IN	PART 1(0)	
TALRECO	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEIN CERTIFYING	RE FINDINGS L CAUSES OF D NO	USED DEATH?
SION OF VITAL PHYSICIAN: The ending physicia this certificans; the te burial-transit tid Mental Hygie d or frem 18 sho		210 ACCIDENT WAS UNDER OR CONTRIBUTING CO. (IF EITHER, NOTIFY MEDICA	AUSE OF DEA	HOUR A.		AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 C	OR PART 2)	
DIVISION C DING PHYSIC or attending After this cer e as the burio olth and Ment marked or the	MEDICAL	21d. INJURY OCCURRI		21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCATION STREET	CITY OR TO		OUNTY	STATE
TTEND: prital ag TTOR. A far use of Heal		22a.l certify that (I) sow the decease above (II) we) di	this hospit	NOV	e deceased from	82.	nd that in (my) aur opinion		21, 19 ote and hour and	92, that	Dipwe) lost es stoted
TAL OR A y the hos RAL DIREC detoched detoched tote Dept.		22b. SIGNATURE		-11	Colo	_ ^	DEGREE  1. D. ATTENDING PHYSICIAN	MEDICAL STA	FF .	224. DATE SIGN	
HOSPI bined b FUNE PORTA!		TR	ME (TYPE OF	A .	COHEN,	M.D.	22e ADDRESS 2/00		HTS	Nov 3 AUE 2/2/5	
80 28 PM	23a E	SURIAL, CREMATION, R SPECIFY) Remova	REMOVAL	23b. DATE 11/23	23ε.		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUN		STATE
DHMH - 16 60M 1/75	24. F	INERAL DIRECTOR			ADDRESS		25a. D.A.	TE REC'D. BY REGISTRAR	25h GISTRAR'S	SIGNATURE	:11
(VR A 15 (4))		Anato	my Bo	ard		Balto	, Md.	UN OR BOE	Jour	On come	



8	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 2	8 8 8 1
0	I. DECEASED NAME FH	ST MIDDLE	LAST	28. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
nay be page 3 r death		John Walter	Nelson Jr.	11/27/82	3:30P
fter d	3. SEX	4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
age 4	Male	White	Dec. 17, 1910 AR	71 YRS.	
F 20 P	ME BIRTHPLACE (STATE OR FOREN		TRY? 8. MARRIED A NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
de de de de	Md.	U.S.A.	WIDOWED DIVORCED	Baltimore C	-
of the	Baltimore	John Hopk	ins Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE  Farmer	12b. KIND OF BUSINESS O INDUSTRY
n 24 hou	Md.	Q.A. Co. 130. Cent	reville YES NO 🛱	Rt#1 Box #83	
ed with	John		lson Sr. Mary Mary	Frances	<sup>LAST</sup> Cook
be execut	160. WAS DECEASED EVER IN L (YES, NO OR UNKNOWN) [18	HES CHIEF HAVE ORD LIES	security no. 17 informant 6-2092 Mrs. Gladys	Virginia Nelson,	reville Md.210 Rt#1 Box#83
requires that the death	Conditions, if any, wh gave rise to immedicate (a), stating underlying cause II  PART 2. OTHER SIGNIFIC  190 DATE OF OPERATION	one of the due to, or as a consist.  (c)  Ant conditions contributing  A SCE	S TO DEATH BUT NOT RELATED TO THE TER		EN IN PART 110.
IAN: The law physician. Itical Introller B Official B	218. ACQIDENT WAS UNDERLY OR CONTRIBUTING CAUS	ING   21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216 HOW INJURY OCCU	IN CERTIF	YING CAUSES OF DEATH?
G PHYSIC attending er th er th s the	(IF EITHER, NOTIFY MEDICALE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY	19 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ALOR ATTENDING the hospital or of an INTECTOR: After a proched for use of the Dept of Health is many if them 21 is many in the and its many is the and its many is many in the and its many in the angle of the	sow the deceased a	s haspital) attended the deceased following the large transfer to the large transfer trans	DEGREE ATTENDING	n death accurred on the date and hou	19, that (I) we) lo r and from the causes stated 22c. DATE SIGNED
TO HOSPITAL retained by 11 TO FUNERAL should be det with the State	22d. PHYSICIAN'S NAME	+ W:16	220 ADDRESS JOhns t	topkins Hospi-	Jul.
P.D.	(SPECIFY) Burial	11-30-82	Sudlersville Cemete	CITY OR TOWN	Q.A. Co. Md.
DHMH - 16 50M 4/82 (VRA 15, 4)	24. FUNERAL DIRECTOR		Rt#1 Box #66-B 124 DA	TE REC'D. BY REGISTRAR 256 DEGIST	

state of the state 

3 7	REGISTRAR DECEASED NA. (TYPE OR PRINT) SEX			WIDDIE					REG. I				
17	5.74					LAST		20 D.	ATE KNOWN) DF ESTI- ATH MATED			YEAR 19 82	2b. HOU
17		Tyro	DE IS. DATE OF BIR	W.	6. AGE (IN YEARS	Neverso				MONTH	3 DAY	19 OZ	2d. HOI
V	Male	Black	Jan. 8	8, 1950	32 YRS.	MONTHS DAYS	Hours	MIN. PROM	OUNCED DE AD	11	3	1982	24 нои 8 <sub>р</sub> 5
22 Y	BIRTHPLACE FOREIGN COUNTRY	ton, D.C	76. CITIZEN OF	WHAT COUN		MARRIED   N	NEVER MARRIE	D	Ral timor	-		HTAS	AA
P	Baltim	OF DEATH	11 NAME OF H	HEACHITY GIVES	IRSING HOME, O	R OTHER INSTIT		12a USUAL O	CCUPATION (1 F WORKING LIFE)	YPE OF WORK	12b. KII	ND OF BU	
	SUAL RESIDENCE	E (IF IN NURSING NOME 131 COUN	OR OTHER INSTITUTION	N, GIVE RESIDENCE	E BEFORE ADMISSION	13d. INS10	DE CITY LIMITS?		DDRESS 5th St			E	3
	I. FATHER'S NAME FIRST	AE .	WIDDLE		son, Sr	15. MQT	THER'S MAIDE	NAME	WIDDLE		ale	1 4 5 7	
16		ED EVER IN U.S. AR	MED FORCES?		CIAL SECURITY N	•	DRMANT		ADDRE		- GILC		
Ī	(YES, NO, OR UNK		M OF DATES	and the same of th	66 82	0 Ms.	Cass	andra	Nevers	son-s	sist	er-	2209
	PART 2 OTHER	DESCRIPTIONS			ATEO TO THE TERMINA			IT 1 (a).				AUTOPSY YES XX	? NO[
	210 EXTERI	VAL CAUSE WAS VIG OR TING CAUSE OF		E OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJU	JRY OCCURRE	O (ENTER NATUR	OF INJURY IN ITEM	18 PART I OR P	'ART 2)		
J. 180.05	UNDERLY IN CONTRIBU 21d. INJURY WHILE	OCCURRED  NOT WHILE  AT WORK		CE OF INJURY FACTORY, FARM, 1		211 LOCATION STREET		СПУ	ORTOWN	C	OUNTY		STATE
	22a. 1 ce	rtify that I taak char plted from: Natu	ge al the remains prol couses to the couses to the couses to the couses to the couse to the cous	Acident	Suici	TITLE	Inspection micide , E (SPECIFY) S istant	Undetermin	ed manner	ond in my o		I <b>-</b> 4-8	32
17	M BURIAL GREA	1	236 DATE	() Jin	Harmor Harmor			23d LOCAT	Candov	co	UNITY	الد ـ ٦ ـ	A

Tele There one. C. His E. to: Ti, a - a - tio; har it, a . 10 20 2 1977 - Carlot Ca The state of the s

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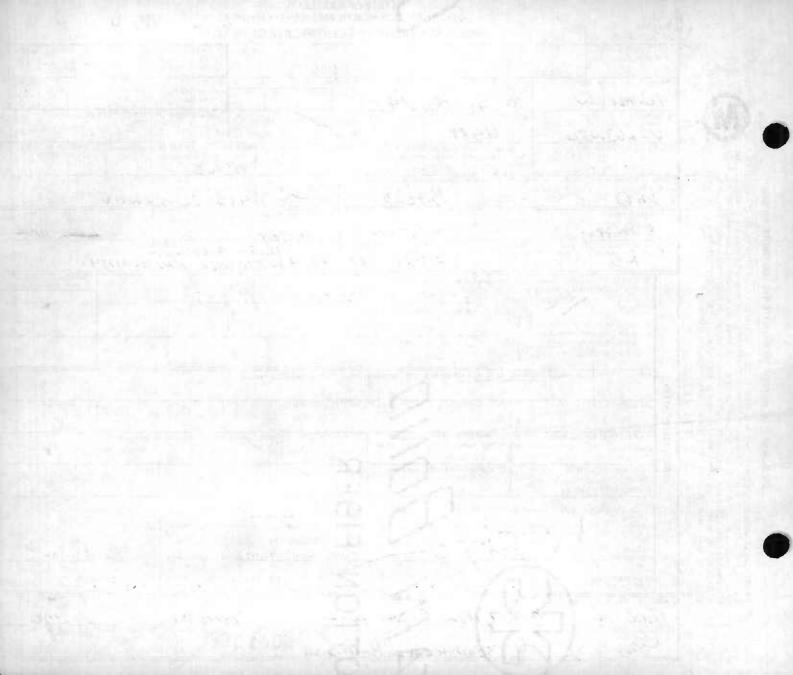
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN X MONTH YEAR 7h HOUR LIVEE OR PRINTI OF ESTI-**EVELYN** NICHOLSON 82 19 & AGE (IN YEARS | IF UNDER 1 YR SEX 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR 8:05 2c. DATE LAST BIRTHOAYI PRONOUNCED h DEAD 19 82 D M To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17h KIND OF BUSINESS FOR MOST OF WORKING LIFE! Baltimore 4320 Clareway USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 13n STATE 13e. STREET ADDRESS YES NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME EDUARD MIDDLE MIDDLE LAST MARTIN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION JUGH NICHOLSON 28-0732 BAZTO. 21314 ical Examiner Along Wil a Burial - Transit Permit. P H and Mental Hygiene, Div Mation, or Removal. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF YED AS A BURIAL HEALTH AND MEN lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MER: THIS CERT...
[CATE, WRITING THE W...
[CATE, FORWARDED TO THE CHIR
FORWARDED TO THE CHIR
FOR PAGE 3 SHOULD BE UF
TOR: PAGE 3 SHOULD BE UF
TOR YES NO X 21g. EXTERNAL CAUSE WAS 215. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME IL LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE D BALKIMORE, MARYLAND, 21201 Inspection X 220 I certify that I took charge of the remains described above, held an and in my opinion Ngtural causes X death resulted from Accident Undetermined monner TITLE (SPECIFY) ACTUAL SIGNED 11-14-82 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 ADDRESS 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION REMOVAL 23b DATE 250. DATE REC'D. BY REGISTRAR 256. REGISTRARY SIGNAL **DHMH - 17** (VR A15 ME (5)

20M 4/B2



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE OF DEATH MONTH 2b. HOUR DECEASED NAME (TYPE OR PRINTI JOSEPH NICOPEMUS IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE White 6. AGE (IN YEARS LAST BIRTHDAY) arue. Male. Male E 4872 Ta. BIRTHPLACE (STATE OF FOREIGN COUNTRY) Berkeley CRTY OF WHAT COUNTRY? BALTIMORE CITY-OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City. VIRGINIA WIDOWED DIVORCED [ 17h. KIND OF BUSINESS OR 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION INDUSTRY Hospital TIMORE AGNES AIL ROAD , SCALE INSPECTOR USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 COUNTY . 130 COUNT 130 STATE STREET ADDRESS DORNE AVE. Baltimore 14 FATHER'S NAME GENEVIEVE MINGHINI NICODEMUS 17. INFORMANT 16h, SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. ARMED FORCES 120 WYNEREST AVE (YES, NO OF UNKNOWN) (IF YES, GIVE WAR OR DATES) 705-05-1742 PALTO 7122A 18 CAUSE OF DEATH (Enter only one couse per kine for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY WEEKS IMMEDIATE CAUSE (a)\_ DUE TO, OP AS A COMSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? church Kapan 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH FELL GETTING OUT - 197 (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from aw the deceased olive an .. abave, (1) (we) (did) (did not) view the bady after death 22c. DATE SIGNED 226 SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN old be the St 27d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS STAGNES MED CTR. WILKERS + PINE HEIGHT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE 23g. BURIAL CREMATION, REMOVAL (SPECIFY) Burial Meadowridge Memorial Park-Howard Cre 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4) Catonwille, Md. 21228

S LIMETER WILLIAM TO THE STATE OF THE STATE A Colored Design STRANGE ST. ACKES TO THE TELL TOWN TO SHIPPING Religion of the real of the same of the sa Strict Hillshop has a second benefit by the striction of the

STATE OF MARYLAND CERTIFICATE OF DEATH

18, 1887

DIVORCED

LAST

5. DATE OF BIRTH

Dec.

WIDOWED

NIX

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Baltimore

166 SOCIAL SECURITY NO.

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20. DATE

REG. N	10.			
OF DEATH	MONTH	DAY	YEAR	2b. HOUR
120	2		28	3/5
VEADS LAST BE	DTH/NAVI	IF UN	DER I YEAR	IF LINDER 2

6. AGE 94

IF UNDER 24 HR

BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED

> Baltimore City 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR

Sales Clerk Dept. Store 13e. STREET ADDRESS 5920 Yorkwood Rd. 21239

13d. INSIDE CITY LIMITS? YESX 15. MOTHER'S MAIDEN NAME

MIDDLE Unknown

ADDRESS

214 14 9830 No Balto., MD Mr. Thurman Nix. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per ling or (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.

17 INFORMANT

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY	YEAR

LULA

W

USA

76. CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Sinai Hospital

4 RACE

JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

30. STATE

138. COUNTY

137. CITY OF TOWARD

MIDDLE

IF YES, GIVE WAR OR DATES!

19 21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION

Woodlawn

and that in (ny your) opinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

NOV

200 AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

YES

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

COUNTY STATE

sow the accessed alive on obove. (We) (did (did not) view he body after death 22b. SIGNATURE

190. DATE OF OPERATION

21d. INJURY OCCURRED

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

- STATE

TYPE OR PRINTS

3 SEX

1. DECEASED NAME

REGISTRAR

70. BIRTHPLACE (STATE OF FOREIGN

Mississippi

Baltimore

Unknown

In WAS DECEASED EVER IN U.S. ARMED FORCES?

ID GITY OR TOWNOF DEATH

Maryland

(YES, NO OR UNKNOWN)

4. FATHER'S NAME

22a. I certify that (D)(this hospital) attended the deceased from

DEGREE

PHYSICIAN

MEDICAL DIRECTOR PHYSICIAN

Woodlawn.

22c DATE SIGNED

22d. PHYSICIAN'S NAM! (TYPE OR PRINT)

22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

MD

CERTIFICATION

DHMH - 16 50M 4/B2 (VRA 15, 4)

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co.

23a. BURIAL, CREMATION, REMOVAL

Burial

4905 York Road Balto., MD

11/24/82

21212

Missississi Sold part Salos Olank Dept. St ini eltinero, SEZO YOMENOOS PT. 121228 Maryland 214 TH BERG Nr. Thurmon No. Le Montery Howard 14 6 6 21239 F 12/84 003197 2650 YORKWOOD ROAD TIVELLAS MAN. LEVIN nwifect wit bow 18/48/11 lainue 137937 5301A MED S .c. and a minute. We woned A JUL X IN MELD York Road Billo., IND 212121

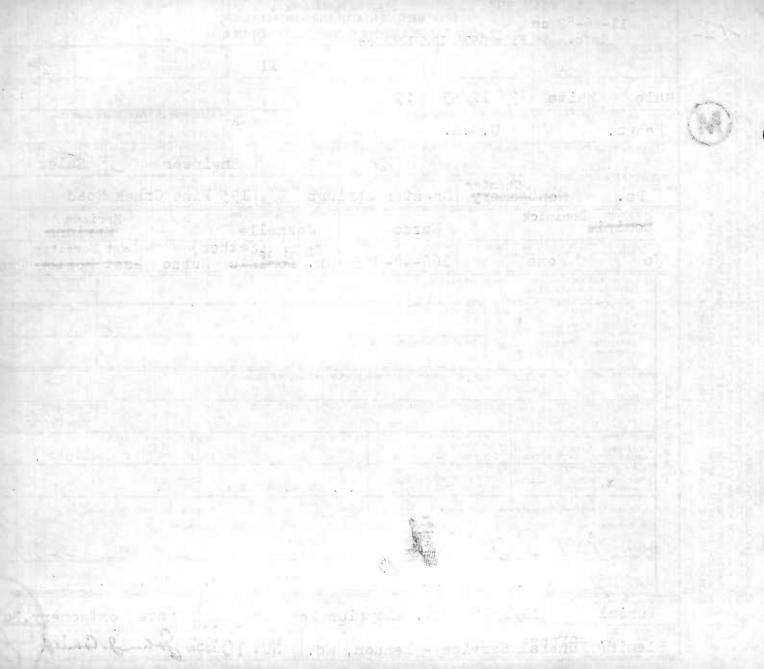
				TE OF MARYLAND		200 AN		
1 1		FOR STATE	DEPARTMENT OF H	HEALTH AND MENTAL	HYGIENE 2	28	0 0	0
11		REGISTRAR	MEDICAL EXAMIN	<b>ER'S CERTIFICATE</b>	OF DEATH ,	EG. NO.		
-		CEASED NAME FIRST	MIDDLE	LAST	20 DATE KNO		DAY YEAR	2b. HOUR
and the same of	(TYF	E OR PRINT)		Noble Jr		11-		
S S S S S S S S S S S S S S S S S S S		Walte		110010		1 1	23 1982	M
# D = 28	3. SE)	4 RACE	DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDA		ER 24 HRS. 2c. DATE	нтиом	DAY YEAR	7:20P
188	N	lale Black	4- 1 -454537 YR		DEAD	11	23 1982	7 . ZUF
1 経報わ		RTHPLACE (STATE OR PREIGN COUNTRY)	. CITIZEN OF WHAT COUNTRY?	8 MARRIED TO NEVER MAI	9. BALTIMORE	CITY OR COUNTY	Y OF DEATH	- 11 - 11 - 11
出事の	)	Md.	USA	WIDOWED DIVO		imore Cit		140
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WO PA	-	EXAMINER'S NAME Th	mas D. Smith, M.D.		III Penn St.	Balto.	MD	
TO MEDICAL EXAMI EXECUTE THE CRETIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALLIMORE, MARYL		(TYPE OR PRINT)		ADDRESS		Darro.	, 110.	
WATPET OF	230 B	URIAL, CREMATION, REMOVAL	DATE 234. NAME OF CEA	METERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNT	TY	STATE
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DHMH - 17	24. F	UNERAL DIRECTOR	ADDRESS		TE REC'D. BY REGISTRAR	REGISTRAR'S SI	GHATURD	A
(VR A15 ME (5))	В	rown/Thompson	1913 W. Baltimor	ce St. N	OV 291982	and.	wancy	1

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE **CERTIFICATE OF DEATH** REGISTRAR REG. NO. 1. DECEASED NAME LAST 20. DATE OF DEATH MONTH 2b HOUR TYPE OR PRINTS 11/20/82 2:18P M Claire Dorothy Nolan IF UNDER 1 YEAR IF UNDER 24 HRS 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 3. SEX MONTH Dec. 10,1934 Female White TO BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City M ryland **USA** WIDOWED DIVORCED III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g. USUAL OCCUPATION 126 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore John Hopkins Hospital Pachet Club Partner USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136. STATE
136. COUNTY
137. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 21212 Maryland Baltimore Rodgers 51 Murdock Rd. NOXX Forgeyes [ 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME Edmund Creamer Bertha Atcheson 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT 213-30-5387 R. Bruce Nolan Same 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY cardiac arrest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF cardiac arrest underlying cause last. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 pericardial fibrosis CERTIFICATION 200 AUTOPSY? 20h. IF YES, WERE FINDINGS USED 9n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATHS YES 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21a. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from. 82, and that in (my) our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on above, (I) (we) (did) (did not) view the body after death. DEGREE 22c DATE SIGNED ATTENDING MEDICAL Should be detor PHYSICIAN DIRECTOR PHYSICIAN MPORTANT IAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Johns Hopkins Hospital 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Burial Nov. 24.1982 Cockeysville, Balto, Co., Md. Dulaney Valley 24 FUNERAL DIRECTOR ADDRESS 6500 York Rd. DHMH - 16 50M 4/82 Mitchell-Wiedefeld Home, Inc. Balto., Md.21212 (VRA 15, 4)

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E =	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJUR	19	21f. LOCATIO	N		_			
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of Healt		22a. I certify the (1) this hosp sow the deceased alive on above (1) (we) (did) did no	NOV 19	ed from Node	nd that in m	L. 19.82 (our) opinion	death occurred on the da	te and hour o	32 and from the	3:30 PM  IF UNDER 24 HRS  HOURS MIN.  MD.  OF BUSINESS OR  2.21213  AST  PTTS  INC.  INC.	
hed ept.	4	22b. SIGNATURE	n, view the body offer dec	110.	DEGREE				22c. DATE	SIGNED	
ote Do	O	Scot Ken	vicle	n	Р	TTENDING PHYSICIAN [	MEDICAL STAF	AN	111	19 182	
should be with the Ste	1	SCOT RE-	OR PRINT)		600		Wolfe St	Bul	3:30PM  JUNDER LYEAR IF UNDER 24 HRS  WHIS DAYS HOURS MIN.  FDEATH  Y  MD.  1726 KIND OF BUSINESS OR  INDUSTRY  ON St. 21213  ROBERTS  ESTON St.  APPROXIMATE INTERVAL  RETWEEN ONSET AND DEATH  IN PART 1(0  VERE FINDINGS USED  NO CAUSES OF DEATH?  NO COUNTY  STATE  BY., thoy (i) (we) lost and from the couses stoted  1210 DATE SIGNED  1011 BY  LOUNTY  STATE  SUMMER ONSET AND DEATH  STATE  SUMMER ONSET AND DEATH  APPROXIMATE NICE  SUMMER ONSET AND DEATH  APPROXIMATE INTERVAL  BY  STATE  SUMMER ONSET AND DEATH  APPROXIMATE SIGNED  1011 BY  STATE  SOUNTY  MG.		
5 4 ₹ ₹		URIAL, CREMATION, REMOVAL			CEMETERY OR C	REMATORY	23d LOCATION		CONTY	STATE	
		BURIAL	11/24/82	Arbuti	is Memo		Pk Arbutu	S			
OM 4/82	24. FU	JNERAL DIRECTOR		ADDRESS			TE REC'D. BY REGISTRAR	Sh REGISTRA	AR'S SIGNAL	URE .	
15, 4)	W	m.C.March F/	H Inc.1101		h Aveni	ue NO	V 22 1982	John	000	may	

Leonard J. Ruck, Inc. Baltimore, Maryland

STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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DHMH - 16 50M 4/82 (VRA 15, 4)

FOR STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

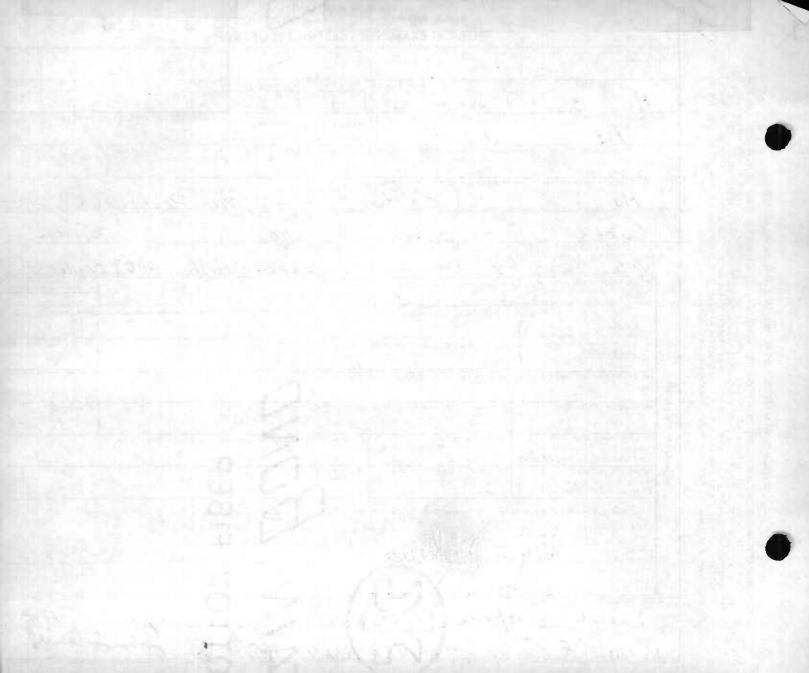
	REGISTRAR				REG. N	10.				
1	1. DECEASED NAME FIRST	MIDDLE	L	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR		
١	ALFRED	HENRY	0:	ELZNER	1	1 17	82	2:40 M		
1	3. SEX	4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI	THDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.		
1	MALE	WHITE	10	05° 07°	75	YRS.	MOISTING DATS	HOURS MIN.		
1	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH					
7	MARYLAND	U.S.A.	WIDOWE		BALTIMORE CITY					
Ñ	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR		
/	BALTIMORE	ST. AGNES		ITAL	ACCOUNTA	EHEM				
1	USUAL RESIDENCE HE NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)		13e. STREET ADDRESS		STE	EL		
		TIMORE ARBUTU		YES NO X	1205 LEED	S TER	RACE. 2	1227		
d	14. FATHER'S NAME			15 MOTHER'S MAIDEN NAM	WE					
		T. OELZNER		JOHANA	MIDDLE		STRAS			
ú	160. WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	_	17. INFORMANT	ADDR	ESS	212			
	(YES, NO OR UNKNOWN) (IF YES, GIV	213-09-	0897	HELEN F. LAPU	ISNIK 802	BEECH	FIELD A			
		nly ane cause per line far (a), (b), and		,	DITIES OUZ			MATE INTERVAL ONSET AND DEATH		
1	PART I. DEATH WAS CAUSE	DBY: AAAAA		FAILURE			BETWEEN	UNSET AND DEATH		
1	4292 IMMEDIA	4292 IMMEDIATE CAUSE (0) CARVITC FITTLURE								
1	Conditions if any which	Conditions, if any, which ( 1b) CEREBRO - WASCULAR INSUFFICIENCY								
1	Canditians, if any, which gave rise to immediate	1 - 5-1								
1	underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF	ERUTIC CARO	101/05/ 015	FASE	-			
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO								
1		CONTINUE CONTINUE TO L	DEATH DOT	NOT RECATED TO THE TERM	IN AL DISLASE OR COL	DI 1014 GI	AFIA HALWKI III			
1	9a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	ONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206. IF YES, WERE FINDINGS US				
	941		IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO							
	21a. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURR						
	OR CONTRIBUTION TO CAUSE OF DE	AIR	AY YEAR							
1	(IF EITHER NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION						
1	NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO	)WN	COUNTY	COUNTY STATE		
1	220.1 certify that (1) (this haspi	ital) attended the deceased from_	OCT	14 19 8 7	ta NOV:	16	10 82	that (I) (we) last		
	saw the deceased alive an		02 , ar	nd that in (my) (aur) apinian a		ate and ha				
1	22b. SIQNATURE	it) view the bady after death.		DEGREE			22c. DATE			
	Lomens	Long of Bien house MD ATTENDING						17/82		
-	2M. PHYSICIAN'S NAME (TYPE C	OR PRINT)	-	220 ADDRESS						
	LEONARO B.	IENKUWSKI A	2. O.	ST. AGNE	5 HOSPIT	AL ,	BALT	MO		
	23a. BURIAL, CREMATION, REMOVAL (SPECIFY)			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN BROOKLYN	יש די	COUNTY	MARYLANI		
	BUR IAL 24. FUNERAL DIRECTOR	11-20-82	CED	AR HILL 21229 25e. PAU	EREC'D. BY REGISTRAF					
	HUBBARD FUNERAL	HOME THE 4107	ULIVE	21227	JV 19 1982	1982 John & Court				
	HUDDAKD FUNEKAL	1.4								

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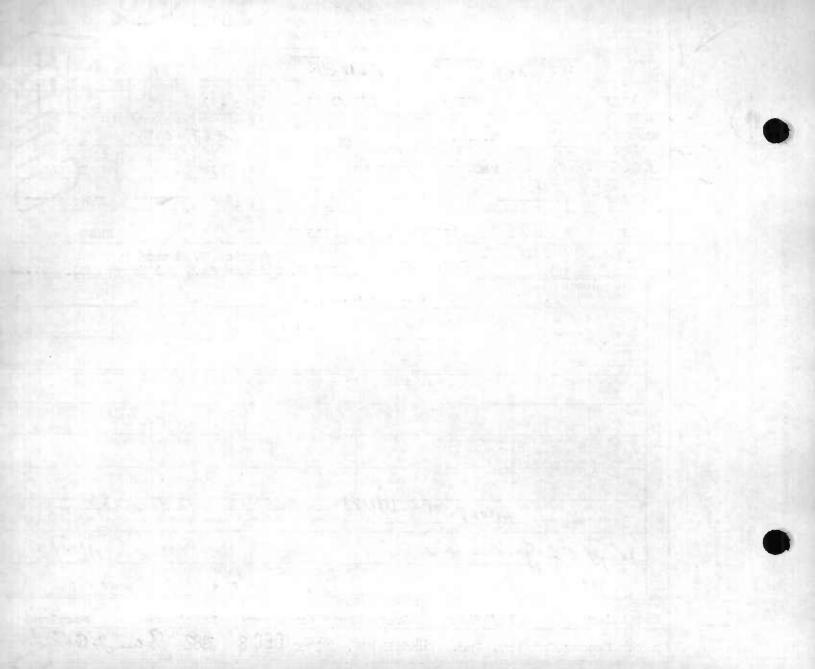
		OR PRINT)	FIRST OSEPHIN		M.		HARA	20 DATE OF DEATH A		2.0
3	3 SEX 4. Female						of Birth ember 22, 1907			UNDER TYEAR IF
0	Ma	RTHPLACE (STATE OR FO OUNTRY) aryland		U.S.		WIDOWE	D NEVER MARRIED DIVORCED	Baltimore City OR Baltimore		OF DEATH
20	B	altimore	400	3100	Gibbons	Avenu	DR OTHER INSTITUTION 1e	Homemaker	ON WORKING LIFE)	12b. KIND OF 8 INDUSTRY
100	Ma	ryland	ng home or oth 13b COUNTY	ER INSTITUTION	Baltimor		13d INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e STREET ADDRESS 3100 Gib	bons A	venue
Rac	١.	THER'S NAME FIRST Michael	MIDE		aziano		Catherine	WE	Chia	armonte
1		AS DECEASED EVER I	N U.S. ARME( (IF YES, GIVE WA		212-26-		Michael Patr	addres		Cimble R
	The state of	Conditions, if any, gave rise to imm cause 101, stating underlying cause	which ediate the lost.	DUE TO, O  (b)  DUE TO, O	RAS A CONSEQUE	ENCE OF	ore bral he			instan
9	FICATION	Conditions, if any, gave rise to imm cause (a), stating underlying cause	which ediate of the lost.	DUE TO, O  (b)  DUE TO, O  (c)  NDITIONS CO	RAS A CONSEQUE  RAS A CONSEQUE  CANA  ONTRIBUTING TO E  A tropo	ENCE OF		INAL DISEASE OR COND  LOT 7-8- 44  200 AUTOPSY?	ITION GIVEN  20 J  20 JF YES, IN CERTIFYI	V IN PART 110 WERE FINDINGS NG CAUSES OF
1 0	CAL CERTIFICATION	Conditions, if any, gove rise to imm cause to is storing underlying cause  PART 2 OTHER SIGN  LE F. A.	which ediate a the lost. IFICANT CON LOST. IFICANT CON LOST. IN AUSE OF DEATH	DUE TO, O  (b)  DUE TO, O  (c)  NOITIONS CO  2 CL (19b COND)  21b. TIME O HOUR A.	R AS A CONSEQUE  R AS A CONSEQUE  CONTRIBUTING TO E  A HOOP	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR COND  100 7-8 42  200 AUTOPSY?  YES NO	ITION GIVEN  OA S  20b. IF YES, V  IN CERTIFYI  YES	WERE FINDINGS NG CAUSES OF
	MEDICAL CERTIFICATION	Conditions, if any, gove rise to imm cause 101, stoting underlying cause  PART 2 OTHER SIGN  LE F +  19a DATE OF OPERAT  21a, ACCIDENT WAS UNDIO OR CONTRIBUTING C	which ediate of the lost. IFICANT CON IFICANT CONTINUE CON IFICANT	DUE TO, O  (b)  DUE TO, O  (c)  DITIONS CO  19b COND  21b. TIME O HOUR A.  P.  21e PLACE	R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO E  A TOPPO  ITION FOR WHICH  OF INJURY  M. MONTH DA  M.	ENCE OF TO THE PROPERTY OF THE	NOT RELATED TO THE TERM  REPLACED TO THE TERM	INAL DISEASE OR COND  100 7-8 42  200 AUTOPSY?  YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDINGS NG CAUSES OF
		Conditions, if any, gove rise to imm cause foil stoting underlying cause  PART 2 OTHER SIGN  PART 2 OTHER SI	which ediate at the lost. IFICANT CON LOST AUSE OF DEATH AL EXAMINER)  ED  There has pital at the control of the lost at the l	DUE TO, O  (b)  DUE TO, O  (c)  NOITIONS CO  19b COND  21b. TIME O  HOUR A.  P.  21e PLACE (AT HOME STE	R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO E  A TOPIO  OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, F  de deceased from  27 19 5	ENCE OF  ENCE OF  ENCE OF  ENCE OF  OPERATIO  OPERATIO  AY YEAR  19  ARM ETC.)	NOT RELATED TO THE TERM  A PARALOL  N WAS PERFORMED  216. HOW INJURY OCCURI	VINAL DISEASE OR COND  17-8-44  200 AUTOPSY?  YES NO  RED (ENTER NATURE OF INJURY)  CITY OR TOW	20b. IF YES, IN CERTIFY! YES IN ITEM 18. PAR	WERE FINDINGS NG CAUSES OF  1 1 OR PART 2)  COUNTY
		Conditions, if any, gove rise to imm cause 101, stoting underlying cause  PART 2 OTHER SIGN  Left  19a DATE OF OPERAT  21a. ACCIDENT WAS UNDION OR CONTRIBUTING CAUSE  CHESTMER NOTIFY MEDIC  21d. INJURY OCCURRING NOTIFY MEDIC  21d. SIGNATURE	which ediate as the lost.  IFICANT CON  CERTYING AUSE OF DEATH AL EXAMINER)  LE AUSE OF DEATH AL EXAMINER)	DUE TO, O  (b)  DUE TO, O  (c)  NDITIONS CC  2 CL  19b COND  21b. TIME O  HOUR A.  P.  21e. PLACE (AT HOME STE  ew the body	R AS A CONSEQUE  R AS A	ENCE OF  ENCE OF  ENCE OF  ENCE OF  OPERATIO  AY YEAR  19  ARM ETC.)	NOT RELATED TO THE TERM  PARTY OF THE TERM  PARTY OF THE TERM  21c. HOW INJURY OCCURI  21c. HOW INJURY OCCURI	VINAL DISEASE OR COND  17-8-44  200 AUTOPSY?  YES NO  RED (ENTER NATURE OF INJURY)  CITY OR TOW	20b. IF YES, IN CERTIFY I YES IN CERTIFY II YES IN ITEM 18, PAR	WERE FINDINGS NG CAUSES OF  1 1 OR PART 2)  COUNTY
		Conditions, if any, gove rise to imm couse (o) storing underlying couse part 2 OTHER SIGN Left 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING NOTIFY MEDIC 21d. INJURY OCCURRING NOTIFY MORE AT WORK 22a. I certify that (I) (saw the decesse, above, (I) (we) (d) 22b. SIGNATURE 22d. PHYSICIAN'S NA	which ediate of the lost.	DUE TO, O  (b) DUE TO, O  (c) DITIONS C(  D 2 C	R AS A CONSEQUE  R AS A	ENCE OF  V.  ENCE OF  ENCE OF  OPERATIO  AY YEAR  19  ARM ETC.)	NOT RELATED TO THE TERM  AND	INAL DISEASE OR COND  7-8-74  200 AUTOPSY?  YES NO  RED (ENTER NATURE OF INJURY  CITY OR TOW  death occurred on the dat  MEDICAL STAFF	20b. IF YES, IN CERTIFY! YES IN ITEM 18. PAR	WERE FINDINGS NG CAUSES OF 1 OR PART 2)  COUNTY  thood from the county

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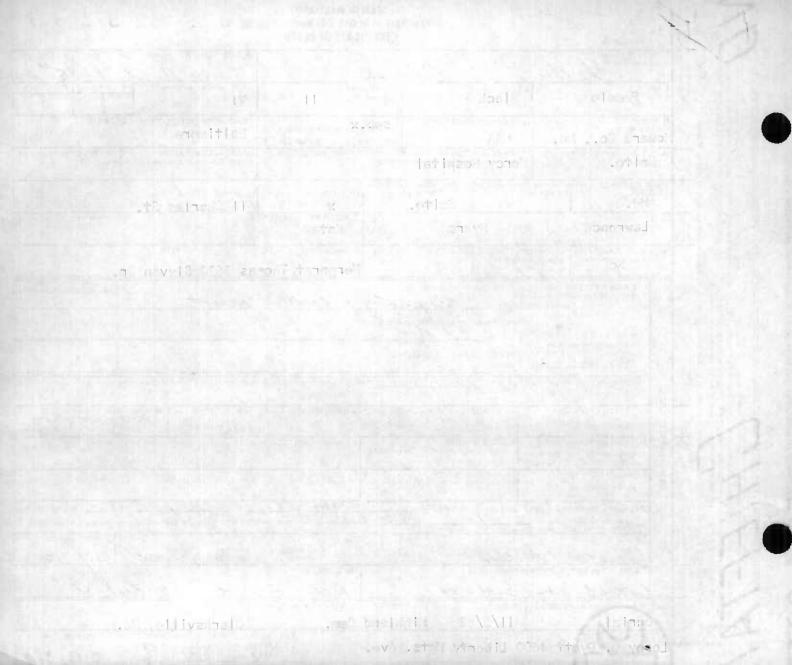
1	0	T	FOR			ST/		ARYLAND ME		ENE)	0	0 0	n	
1	7	11-	STATE REGISTRAR			DICAL EXAMI				EATH	-	0 0	7	2
			CEASED NAME	FIRST		WIDDIE	TER 5	LAST	AIL OI DI	20 DATE KNO	REG. NO.	NTH DAY	YEAR E	7b HOUR
	28 of 15 12 H	(TY	PE OR PRINT)	DOSWEL	1	S.	OL	IVER		OF ES DEATH MA	TI- 💾		100	
	AND THE STATE OF T	3. SE	X 4. RA	CE 5 D	ATE OF BIRTH	6. AGE (IN)	EARS IF UN		F UNDER 24 HR		MON	1-27-89		2d. HOUR
	ところのエジ	1	M	3	4 -28.	YEAR LAST BIRTH	PAY) MONT	HS DAYS	HOURS MIN.	PRONOUNCED DEAD	1	1-28-82	1	12:33
	が展示を持つ。		RTHPLACE (STATE OR	7b. (		AT COUNTRY?	18	150 D 1151	D	9. BALTIMORE	CITY OR CO			<u>DM</u>
	世界を養金して	7	DREIGN COUNTRY)	1.50-31-0	11,5	SA	WIDOV		DIVORCED	Baltimo	re Cit	·/		MD
	28848	10. C	ITY OR TOWN OF DE		NAME OF HOS	PITAL, NURSING HOA	E, OR OTH		ON 12a. U	USUAL OCCUPATION	ON TYPE OF WO	ORK 126. KIND	OF BUSI	INESS
	A REPORT	1	Baltimore							FOR MOST OF WORKING I	.IFE)	OK II	ADOZIKI	
5	fail on the on the month	JSU	AL RESIDENCE (# INN	URSING HOME OF OTH	ER INSTITUTION, GIV	Sbury Stree VE RESIDENCE BEFORE ADMIS 1130. CITY OR TOWN,	SION)	13d. INSIDE CITY	11111702 112. 0	STREET ADDRESS_		11/2		72.5
21201			Md	130 COONT		BAIT	0	YES DE	NO 🗆	28/3 P	eesbo	IRVIS	7/ 2	2/2/7
MD.	= ~~~~	14. F	ATHER'S NAME	MID	DIE	LAST		15. MOTHER	S MAIDEN NA	ME		7		1717
m m	7100 = >		Curtis	mio	, ott	Oliver		0	lice.	MIDDLE		SM	ith	
WO	S S S	160.	WAS DECEASED EVER	IN U.S. ARMED I	FORCES?	168. SOCIAL SECURI	TY NO.	17. INFORMA	INT	A	DDRESS			
BALTIMORE,	24 HOURS AFTER DEFINED IN BUT BY BEILDING WITH FORM FORM FORMER DIVISION OF BOTH BY BUT BY BUT BY		Ves	62-	64	220-22-3	473	WeR	enial c	Snith	220	9 BRVI	not =	St
	2 8.3 ₹.0		18 CAUSE OF DEA	TH (Enter anly and	e cause per line	far (a), (b), and (c).)						APPR	OXIMATE IN	VIERVAL ND DEATH
PRESTON ST.	24 HOUR TITEM 18. ONG W PERMIT. SIENE, D		PARTIDEATHY	VAS CAUSED BY:	AUSE (a) A	rterioscle	rotic	cardio	vascula	ar diseas	e			
STO	N A A LC		4212		DUE TO, OR	AS A CONSEQUENCE	OF							
ac a.	A A NEW YEAR		Canditians, if gave rise ta		(b)									
×.	PENCIL AMINER L-TRAN VENTAL		cause (a) statin		DUE TO, OR	AS A CONSEQUENCE	OF					1	1347	
	EXECUTED NG" IN PRICAL EXAM		(c)											
ORDS	L RECORDS, 201 W. PRESTON ST UID BE EXECUTED WITHIN 24 HOI "PENDING" IN PENCIL IN ITEM 13 F MEDICAL EXAMINER ALONG ED AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENE, LI, CREMATION, OR REMOVAL.	2	PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTR	IBUTING TO DEATH I	BUT NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION G	GIVEN IN PART 1 (a)			PLA		TE
EC .	PENDI MEDIAS AS A	CERTIFICATION	19a. DATE OF OPER	ATION	TIPE CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORM	FD?			20 ALI	TOPSY?	
VITAL	SHOULD ORD "PE CHIEF A CHIEF A E USED / URIAL, C	문												
>	WORD WORD WORD BE US BE US	EN	21a EXTERNAL CAL	JSE WAS	21b. TIME OF		21c. H	OW INJURY O	CCURRED (EN	TER NATURE OF INJURY IN	ITEM 18 PART I C	1	S []	NOXX
DIVISION OF	CERTIFICATE WITING THE WOED TO THE 3 SHOULD FOR THE DEPARTMENT OF THE TRUE TO THE TRUE TRUE TO THE TRUE TRUE TRUE TRUE TRUE TRUE TRUE TRU		UNDERLYING CONTRIBUTING			MONTH DAY YEA	R							
Si	CERTIPO TING DED TO DEPA DEPA	MEDICAL	21d INJURY OCCUR	RED	21e PLACE C	OF INJURY (ATHOME,		CATION	1					
DI V	ARITION OF THE DESCRIPTION OF TH	X	WHILE NOT AT W	WHILE	STREET, FACT	ORY, FARM, ETC.)		STREET		CITY OR TOWN		COUNTY		STATE
	WER; THIS CERTIFICATE SHOULD CATE, WRITING THE WORD, "PER FORWARDED TO THE CHIEF M. OR; PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA ND, 21201 PROPETO								Inspection XX					
	ANT POR SAN				E 614	cribed abave, held an	Autap	_		, ,		у аріпіап		
-	REC REC //TH		death resulted fram	n: Natural ca	uses LAA	Accident L., S	vicide	, Hamicid		determined manner	L.,			
	MAN WELL		ACTUAL SIGNATURE	Una	lite . 1)	e grale.		TITLE (SPE	stant		DA	TE11-29	-82	
	2 H K W K B B 7	7	SIGNATURE	Fun	111	J. w	~	.D. <u>113313</u>	STOTT M	SEDICAL EXAMINER	SIC SIC	GNED! 47		
	CUTE CUTE 3E 4 S FUNE FUNE TIMO	4	EXAMINER'S NAME	Marca	rita A	Korell M		ADDRESS	111 Pe	nn Street				
In	TO MEDICAL EXAMINER: IT EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE STAME MARYLAND, 2	23a. B	URIAL, CREMATION,	REMOVAL 23b. D.	ATE	23t. NAME OF CE				LOCATION				
15/10	O RP		BuliA	4	2/3/8	- CRI	/WW «	cille	Net!	EROWA	11	COUNTY	17	*
Por	DHMH - 17	24 F	UNERAL DIRECTOR		ADDRESS			25	a DIMENCO	BY REGISTRAR 25	B. REVISTRAR	5 SICOLAT	14.41	1
	(VR A15 ME (5))		VERNON	R. BA.	100	1348 NI	alh	1145	DEC	3-1982	John	-0- W		80
	2084 4/82	-									Y			



W ST	1 - 5	OR STATE REGISTRAR		DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 2	2 8	8 8 9	9 6
	(TYPE OR	ASED NAME HOWART	ARD CI	URTIS	OL	WELVER	2a. DATE OF DEATH	MONTH DAY	82	6. 50p.M
, 1	3. SEX	MALE	4 RACE WI	HITE	5. DATE C	30/1891 YEAR	6 AGE (IN YEARS LAST BIR)			OURS MIN
0 35	COU	HPLACE (STATE OR FOREIGN NTRY) RYLAND	7b. CITIZEN OF U.S	Α.	MARRIE		W A 1 1	_	FDEATH	MD.
100	B/.	ALT- CTTY	PROV	VIDENT	HOSPITA	C OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O PRINTER		12b. KIND OF B INDUSTRY RAILRO	
AND 21	MARY	RESIDENCE (IF NURSING HOME ATE 136 OUN		13c CITY OR BALT		13d INSIDE CITY LIMITS?	13e STREET ADDRESS 5519 STO	NGNGTON	AVE.	21207
MARYL mpleret		HER'S NAME FIRST A	MIDDLE	OLIVE	ER	15 MOTHER'S MAIDEN N FIRST ALICE	MIDDLE		FUNK	
MORE.	160. WA (YES.	S DECEASED EVER IN U.S. ARA NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? ( WAR OR DATES)	705.05	SECURITY NO. 5.6720		atrice G. Mo inton St., B	untjoy	e. Md.	21224
(DS, 201 W, PRESTON ST., B attures, that the death certifical supplied by the attending phy here please sensive corban pag 16 buriel, crempitat, or sensor niury, or other traumatic event	( )	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
L RECOI	CERTIFICATION	a DATE OF OPERATION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSŶ?		VERE FINDING	
DIVISION OF WILL ING PHYSICIAN: T cathending physici fiter this certificate as the burial-transi th and Mennal Hygi orked as them 18 sh orked as them 18 sh	EDICAL	10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA IF EITHER, NOTIFY MEDICAL EXAMINER) 1d. INJURY OCCURRED WHILE NOT WHILE AT WORK	TH HOUR A.	M. MONTH M. OF INJURY	I DAY YEAR 19  FFICE, FARM, ETC.)	216. HOW INJURY OCCU	URRED (ENTER NATURE OF INJU		ORPART 2)	STATE
At OR ATTENDIN the hospital or At DIRECTOR, Af lefached for use a ree Dept. of Health	270. I certify that (I) (this haspital) attended the deceased from 11/1/1/2 19 10 10 10 10 10 10 10 10 10 10 10 10 10									
O HOSPITA everned: by TO FUNERA should be a with the Sto	2	NIGEL E.R.			10 9 9	220. ADDRESS de WI		ve Ba	It-Citz	
280 BP	Cre	RIAL, CREMATION, REMOVAL CIFY) CMATION	23b. DATE 12/2/:	1982		Mount Crematory	ory Baltim	ore		state pland
DHMH - 16 60M 1/75		ERAL DIRECTOR	dlev. Tr	ADDRE DI	andalk M	21 222 DE	C 8 1982	2 REGISTRA	R'S SIGNATUR	uch

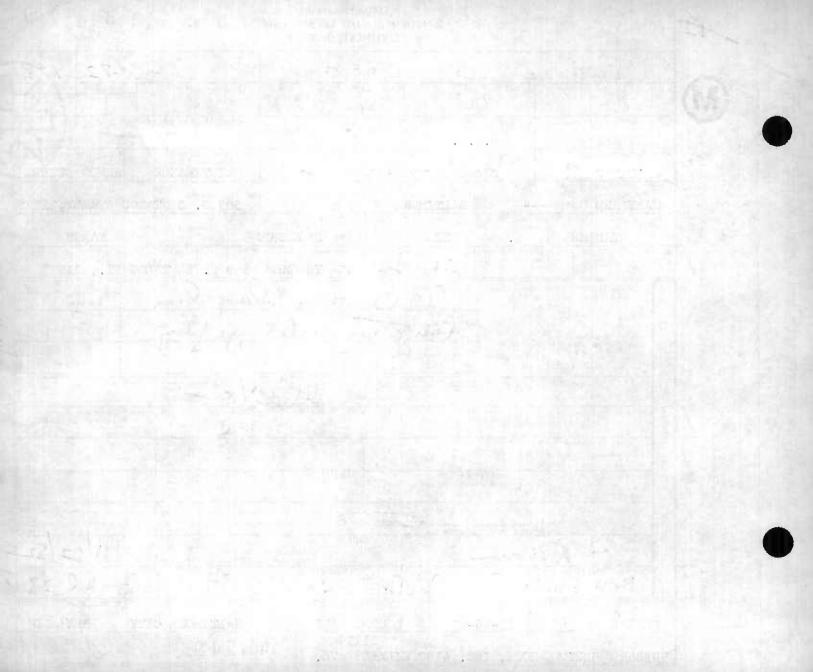


(VRA 15, 4)



1	1 It	ems #2a,12b,17	Film G573 11/	26/82 TATE OF MARYLAND		0 0 0	500
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	1.	REGISTRAR		CERTIFICATE OF DEATH	REG. N	10	
(BA)		CEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH		2b. HOUR
8 W 5	(117)	ORPRINT) MTCH	AET. J.	O'NEILT.	November SEPTEMBE	B 22 1002	12.20PM
g a	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BI		12:30PM
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7		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTIO	ON 120 USUAL OCCUPAT	ION 13 KINDO	S BUSINESS OR
S off	BA	LTIMORE	(IF NOT IN SUCH FACILITY, GIVE	OPKINS HOSPITAL	System De	CIAN	ins Hosp
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OW STATE OF THE ST	Y	FS NO OR UNKNOWN) 196251V			a O'Neill 81		***
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ST., B		PART I. DEATH WAS CAUSE	D BY:	Respiratory ,	Arrest	BETWEEN	DNSET AND DEATH
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O P Se ost		220.1 certify that (I) (this haspit	tol) attended the deceased f	rom 11-8 19	82 to 11-	22 1982	that (I) (we) lost
TEN TOR Or co		sow the deceased alive on above (() (we) (did) (did no	4. 2.2	113	pinion death occurred on the d		
REC Ped tem		22b. SIGNATURE	t) view the body offer death.	DEGREE		22c. DATE	SIGNED
the of the District of the Dis		Ruband A	- Koala	MD ATTEND	ING MEDICAL STA		17-47
10 11837		22d. PHYSICIAN'S NAME (TYPE O	R PRINT	22e ADDRESS	IAN DIRECTOR PHYSIC	IAN	LLOL
97 2318		Richal	Kasla	Tobac H	bakers Harat	- Nousla	
0 1 2 2 2 3	73n B	URIAL, CREMATION, REMOVAL	123b DATE	Johns H	TORY 1394 TOCATION	y hemolog	7
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0000	24 FL	NERAL DIRECTOR		12		MC .	INDE 1
DHMH - 16 50M 1/81 (VRA 15, 4)		chimunek Fune			MUV 2 3 1982	John I. (	sheel
	0.	705 Belair Ro	ad, Baltimo	ore, Md. 21236			

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

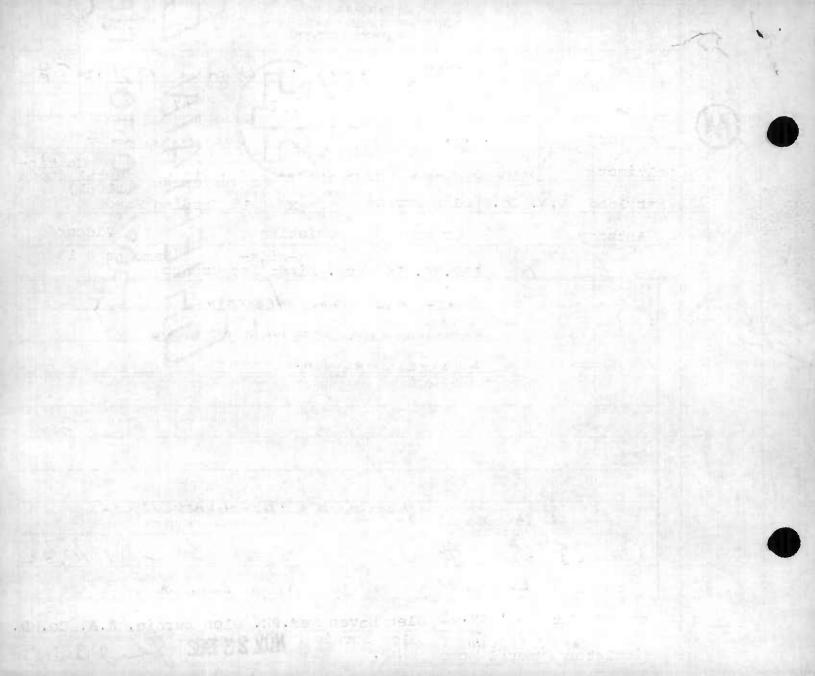
CERTIFICATE OF DEATH

- STATE

(VRA 15, 4)

Singleton Funeral Home

REGISTRAR

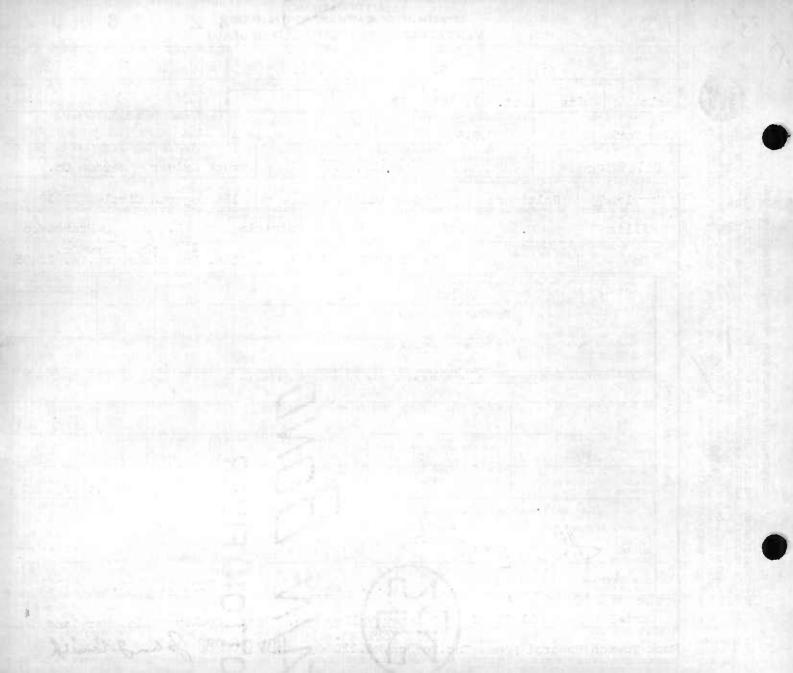


DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN [X] MONTH DAY 26 HOUR (TYPE OR PRINT) OF ESTI-OSTENDORF DEATH MATED VENIE Μ. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS 24 HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED 11-14-82 :45 16.1902 DEAD BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City WIDOWED 4 DIVORCED [ 54401 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Frankford Avenue Baltimore OUSEWI USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS SITIMORE ANK FORDAUE, 21206 NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE ( DKMOUN 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 213-52-8452 (IF YES, GIVE WAR OR DATES) SAME 213-07 - 1695 MR APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY BE USED AS A BURIAL-TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE BORIAL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE C Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E CHIEF BE USED YES NOXX DEPARTMENT NER: THIS CERTIFICATION IN THE WOLOATE, WRITING THE WOLOATE SHOULD BE ANAMED TO THE CONTRACT SHOULD BE ANAMENT. 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 19 71d INJURY OCCURRED 21e. PLACE OF INJURY 21 LOCATION [AT HOME, TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BAUTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK 224 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Natural causes X death resulted fram: Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNED 11-15-82 SIGNATURE EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M.D. TYPE OR PRINT ADDRESS 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE COUNTY BP 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH** - 17 (VR A15 ME (5))

20M 4/82

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN X HINOM (TYPE OR PRINT) 22 William Otis G. DEATH MATED 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 2d. HOUR 2c. DATE LAST BIRTHDAY) PRONOUNCED 1.82 Male White Oct. 31, 1949 33 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED EOREIGN COUNTRY! Baltimore City New York U.S.A. DIVORCED B CITY OR TOWN OF DEATH IL NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12h. KIND OF BUSINESS FOR MOST OF WORKING LIEE) University Hospital STU Baltimore Truck Driver - Bercon Co. SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e. STREET ADDRESS Baltimore Cockeysville 15A Hogarth Circle, 21030 Maryland NO X 1. FATHER'S NAME IS, MOTHER'S MAIDEN NAME MIDDLE DeFrancesco William Patricia Otis 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 214ADPAke Shore Dr. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) William W. Otis, Fredricksburg, Va. 22405 214-52-0082 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse fost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO [ 716 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 3:15RM 11/22 1982 driver of motorcycle in collision with bus 21e PLACE OF INJURY (AT HOME. 71f LOCATION 71d INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) YorkRdAtPadonia, Timonium, Baltoco. Maryland roadway Autapsy XX. 228 I certify that I taak charge of the remains described above, held an Inspection and in my opinian Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 11/23/82 Assistant DATE SIGNATURE SIGNED EXAMINER'S NAME Hormez R. Guard.M.D. 111 Penn Street, Balto., MD 21201 TYPE OR PRINT PAG AFIE BAFIE 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION Burial 11-27-82 Dulaney Valley Mem. Gdns. Cockevsville 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAL 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204 DHMH - 17 NOV 2 6 1982 (VR A15 ME (5))

20M 4/82



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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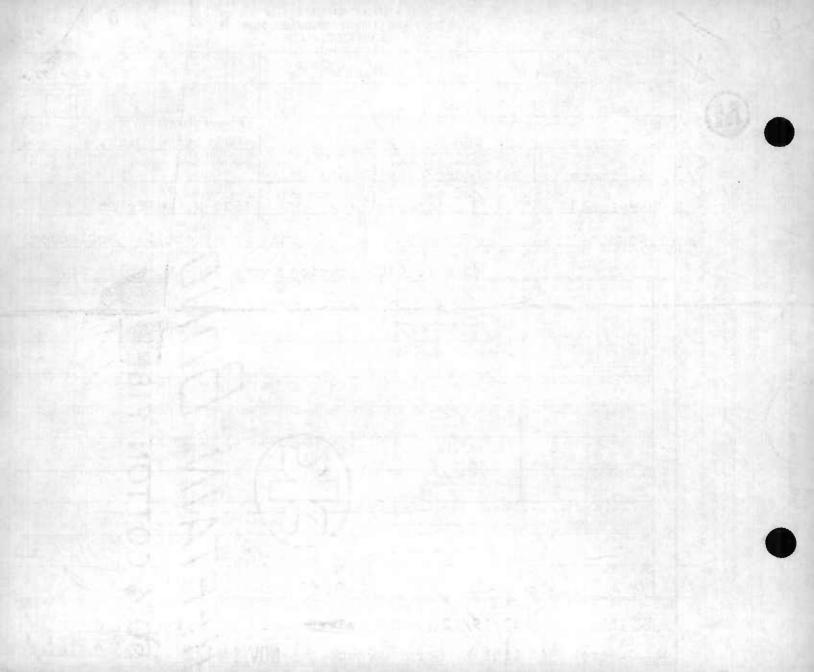
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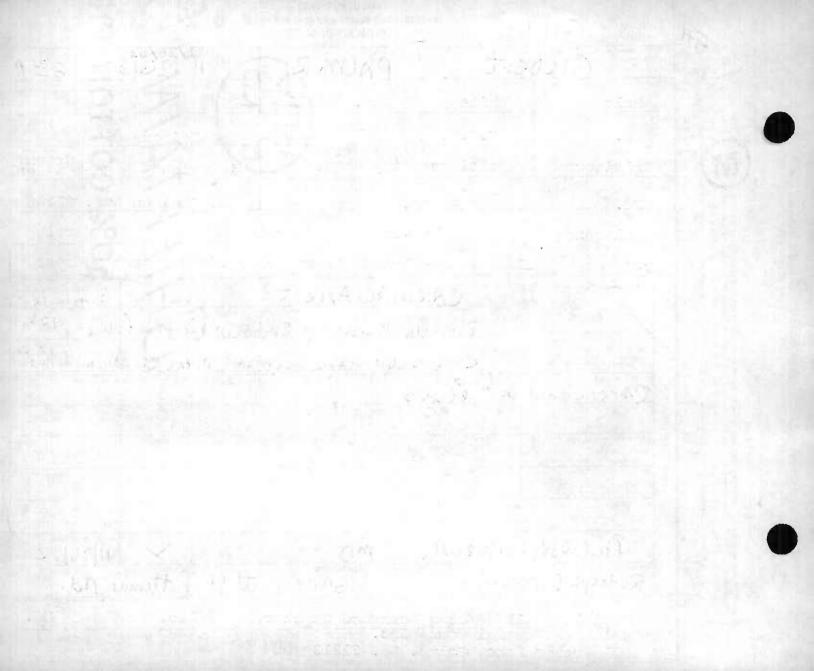
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		CEASED NAME FIRST CLarence		E. OV	erton	AST	2a. DATE OF DEATH Novemb	MONTH I	1982 2	B 42
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5		orth Carolina	U.S.	MHAT COUNTRY	Y? 8 MARRIE WIDOWE	"LP	Baltimore City	OR COUNTY	of DEATH	To MA
6	E	Baltimore	(IF NOT IN SUC	Luther	an Ho	Spital.	120 USUAL OCCUPAT Teacher	3ONI	TIN KIND OF	BUZINESS OR
5	Ma	AL RESIDENCE (IF NURSING HOME OR OTE STATE LTY Land		Baltin		134 INSIDE CITY LIMITS?	1501 ^Duk	eland	St.	
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1	160 V	VAS DECEASED EVER IN U.S. ARME		16b. SOCIAL SE		17 INFORMANT	ADDR			
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	MEDICAL CERT	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 218. INJURY OCCURRED  WHILE NOT WHILE AT WORK	P./ 21e. PLACE ( (AT HOME, STR	M. MONTH M. DF INJURY EET, FACTORY, OFFICE	001	21c. HOW INJURY OCCURR 21f. LOCATION STREET	YES NO	IRY IN ITEM 18 PA		STATE
		22a.1 certify that (I) (this haspital) saw the deceased alive on above, (I) (we) (did) (did not) w  22b. SIGNATURE	NOU.	7 19	\$2. or	nd that in (my) (our) apinion de DEGREE  M.D. ATTENDING PHYSICIAN	MEDICAL STA	FF /		
1		22d PHYSICIAN'S NAME (TYPE OR THENG CHUN		ZN		220 ADDRESS Lutheran	11 11 1	f Man	refame	2/2/6
	23a B		Nov.		NAME OF C	EMETERY OR CREMATORY	Baltimo	30.0	COUNTMAN	STATE

DHMH - 16 50M 1/81 (VRA 15, 4) Marshall Jones, Jr. /4101 \*\*Edmondson Ave NOV 9

10V 9 1982 John & Child

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	1	FOR	DEPARTMENT OF HEALTH AND MENTALHYGIENE 2 9	906
V		STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
1		CEASED NAME FIRST	MIDDLE LAST 20 DATE KNOWN MONTH	DAY YEAR 26. HOUR
		GENERAL)	OF ESTI	1 00
100 200 至二		CHAR	PALOVIS DEATH MATED X 11-	1-812 M
<b>一                                    </b>	(All	RACE	5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH	DAY YEAR 2d HOUR
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#55 3 1	120	invoice	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK)	MD.
	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	DE INDUSTRY
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06 - 26 - 63	1	18 CAUSE OF DEATH (Enter onl	and out of the second of the second	APPROXIMATE INTERVAL
2.00		PART I DEATH WAS CAUSED	y ane cause per line far (a), (b), and (c).)  BY:	BETWEEN ONSET AND DEATH
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S. A.		cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE OF	
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E EXAMINER: OULD BE FORU I DIRECTOR: H, WITH THE S MARYLAND;				nion
WHE BE		death resulted fram. Natur	al causes Accident, Suicide, Hamicide, Undetermined manner,	
EXAL CERT UID B DIRE		ACTUAL MODE	TITLE (SPECIFY)	
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		SPECIFY)		J'ATE
BP «		UNERAL DIRECTOR	1-6-195 Charles 1 2 2 2 250. DATE REC'D. BY REGISTRAR'S SK	GNIATURE .
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(VRA 15, 4)

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/	1 -	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAI EALTH AND M ICATE OF DI	ENTAL HYG	0 2	2	8 /	0 8	
		CEASED NAME FIRST THOM	AIDOLE	PANTO			REG. NO.  20. DATE OF DEATH MONTH DAY YEAR  November 5, 1982			26 HOUR A.		
	3. SE	* Male	4 RACE White		5. DATE O	DE BIRTH	YEAR 21	6. AGE (IN YEARS LAST)		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
9	N	RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.+	• •	MARRIE		ORCED		ore (it	y	MD.	
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C		THER'S NAME FIRE FRANZ	WIDDIE	Panto			Mary	MIDDLE		? LAS		
1		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	118-12-4	4559	17 INFORMAN Hilda		3822 Huds	on Stre			
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS  1729 IMMEDIA  Conditions, if ony, which	EĎ BY- (TE CAUSE (†)	R AS A CONSEQU	rafor	Are Hel	ot	to Brai		APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH	
		gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	(c)	R AS A CONSEQU						N IN PART 10		
2	CERTIFICATION				TICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED TN CERTIFYING CAUSES OF DEATH			NGS USED	
9	AL	2]0. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE {IF EITHER, NOTIFY MEDICAL EXAMINE	P.M.		AY YEAR	Y YEAR 19		RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1		RT 1 OR PART 2)	OR PART 2)	
	MEDIC	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC }	21f LOCATIO	N	CITY OR	TOWN	COUNTY	STATE	
		220.1 certify that (1) (this hasp saw the deceased alive a above, (1) (we) (did) (did n	8/1	319	82,01	nd thoun (my) (	our) opinion	death occurred on the	dote and hour	and from the		
		22b. SIGNATURE				DEGREE A1	TENDING _	MEDICAL ST	AFF _	22c. DATE	SIGNED	

22e ADDRESS

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the etained by the haspital ar attending physicial DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMAT

S. Zeiler & Son Inc. 901 S. Conkling Street

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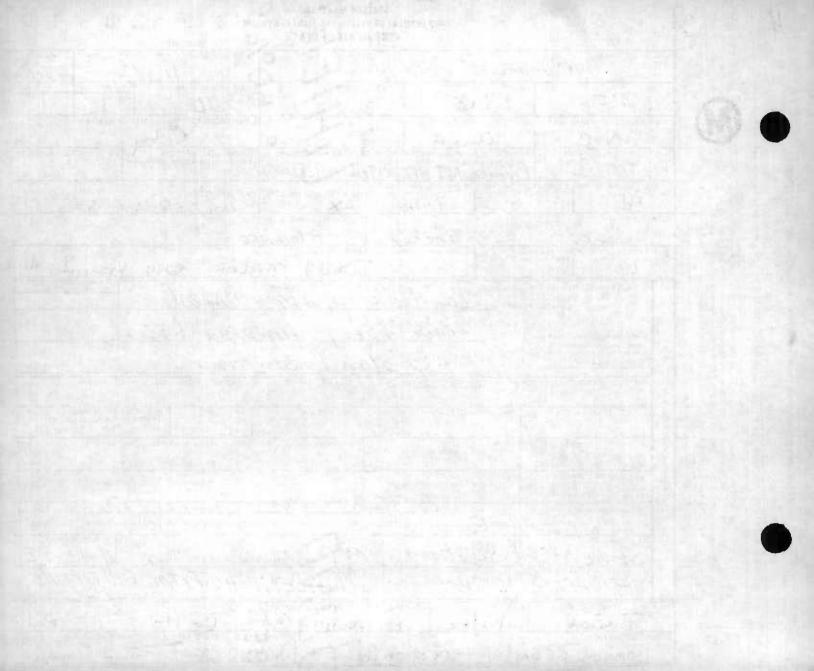
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME OF ESTI-26 HOUR (TYPE OR PRINT) MARVIN DEATH MATED PARKER 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS DAY 4. RACE 5. DATE OF BIRTH 2d HOUR DATE MONTH YEAR LAST BIRTHDAY DAY PRONOUNCED 11-1-82 7:46P male 29 63 DEAD Black 19 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. MD. Baltimore City DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS IT NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Baltimore Lutheran Hospita Balto. 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13e. STATE 13b. COUNTY E. Preston St. 716 NO [ 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Viola MIDDLE Parker Stewart 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES NO OR UNKNOWNS (IF YES, GIVE WAR OR DATES) 217-70-1996 Viola Parker-716 E. Preston St. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), ) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY \*IMMEDIATE CAUSE (a) Gunshot wound of ches DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IR CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HI YES V NO [ 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 NG THE W D TO THE SHOULD I UNDERLYINGX XX OR subject shot CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21d. INJURY OCCURRED 1600blk. Delano Cf. Baltimore, Maryland STREET, FACTORY, FARM, ETC.) WHILE AT WORK EXECUTE THE CENTRUCTURE PAGE A SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALLIWORE, MARYLAND, 2120 Autapsy XX Inspection 22a I certify that I took charge of the remains described above, held on Inquiry and in my opinion Homicide XX Undetermined monner TITLE (SPECIFY) SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Penn Street Margarita A Korell, M.D. 23d. LOCATION King Memorial Park 11-6-82 Md. Randallstown, 100 P. A. NOV 9 1982 PREGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Id FINERAL HOME-5209 YORK Rd. (VR A15 ME (5)

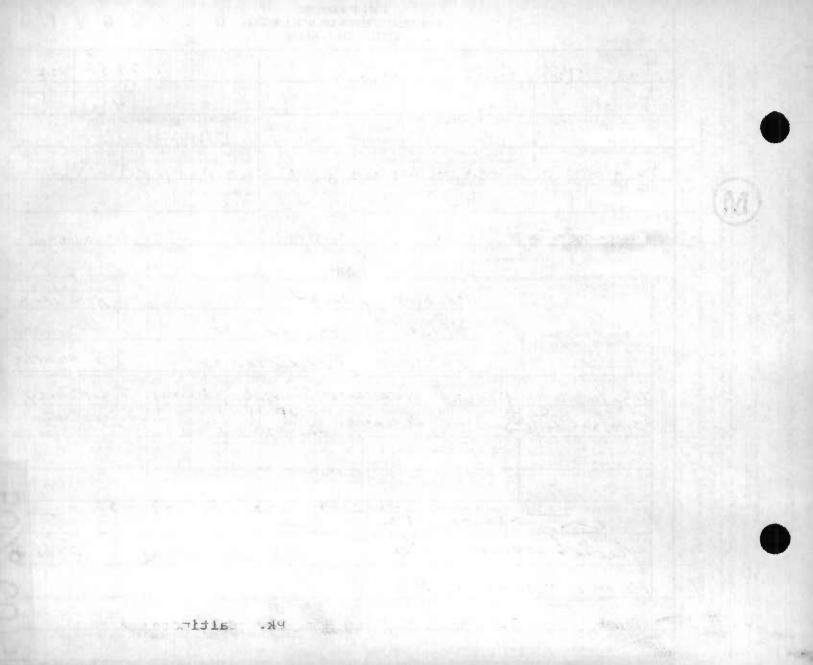
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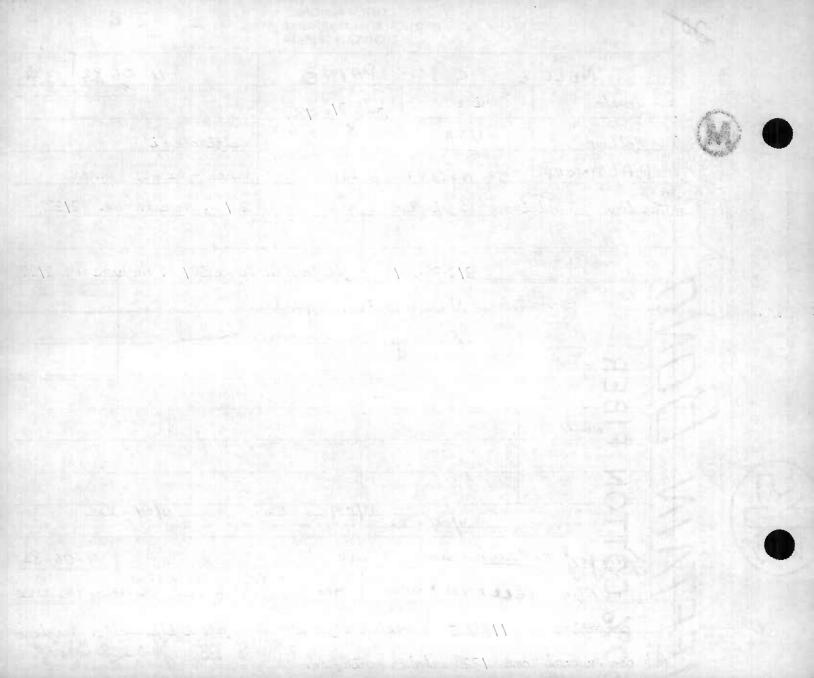


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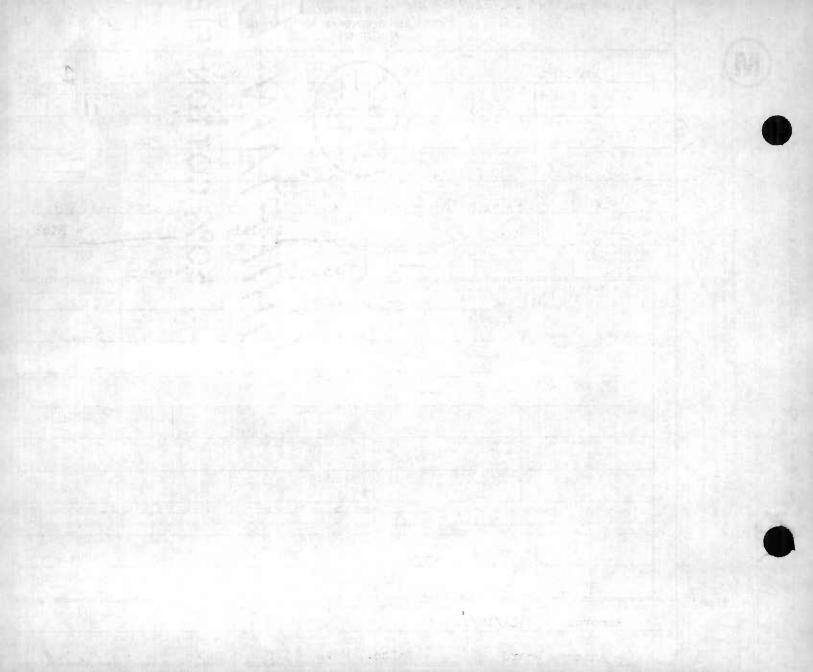
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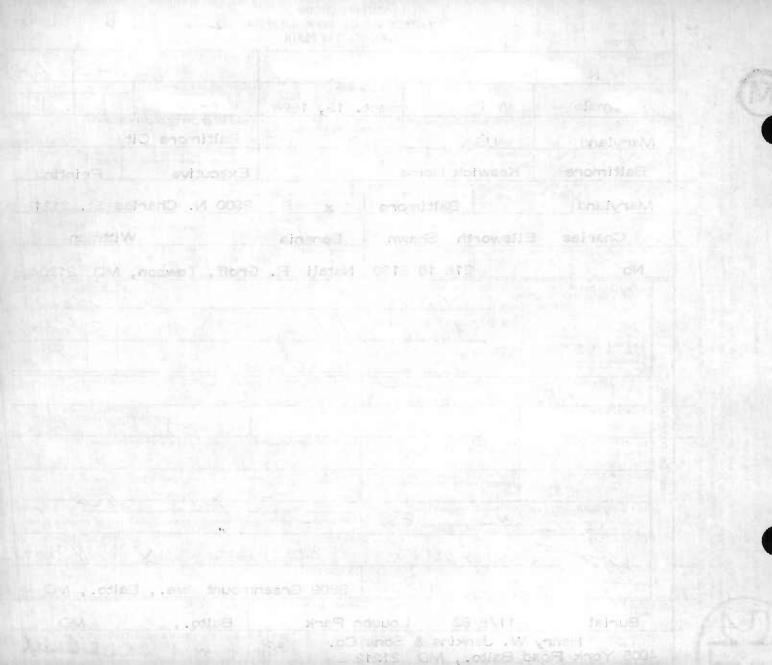


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the hasp AL DIREC etached f ite Dept. o		226. SIGNATURE	My Bulson	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
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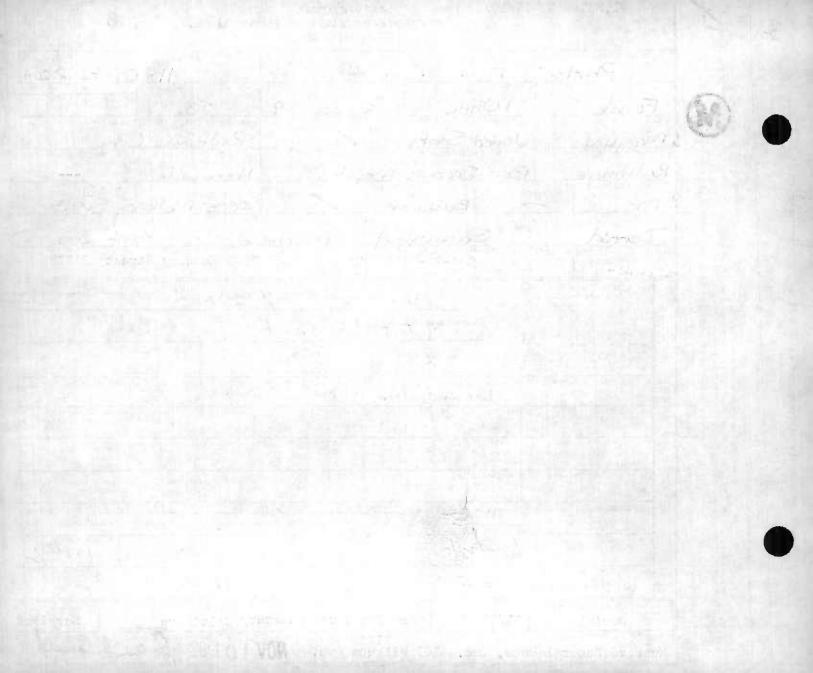


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BP Burial 236. Date 236. Name of Cemetery or Crematory 236 LOCATION COUNTY Burial 11/12/82 New Cathedral Cemetery Baltimore Mary.	hasp hasp iREC ined f ept. a			at) view the body after death.		* *	
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AL CONTRACT OF THE PROPERTY OF	0 € 5 € ¥ ₹	23n	SPEC(FY)	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY New Cathedral Ceme	23d LOCATION CITY OR TOWN TELY Baltimore	COUNTY Mary I
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1	1.	FOR STATE REGISTRAR			DEPAI	ETMENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE 8 2	8.40	3 9	20
(me)		CEASED NAME	FIRST	/	WIDDLE		ST	20. DATE OF DEATH		YEAR 21	HOUR
y be			Leroy		£.	PH	ILLIPS	November 1			11:50 M
Poge 4 moy director, pog haurs offer ee	3. SE	M		4. RACE WHI	TE	S. DATE O	BIRTH SAY 1901	6 AGE (IN YEARS LAST BIR	YRS.	THS DAYS F	OURS MIN.
death. Po uneral di nin 72 hade.		COUNTRY)		76. CITIZEN OF	5-A-	WIDOWE		9. BALTIMORÉCITY O Baltimore	_	DEATH	MD.
is ofter or softer or soft	В	altimore		Mary I	and Gen	eral Ho	spital	120 USUAL OCCUPATION OF WORK FOR MOST OF	F WORKING LIFE)	126. KIND OF E	
AND 212	13a	AL RESIDENCE (IF NUR STATE MD	13b. COUN	OTHER INSTITUTION	GIVE RESIDENCE BEF 134- STY OR TO DALT	NWO	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	Lhio	77 5	7.
MARYL ompletely and 2 s	14, F	EDWI	ARD	MIDDLE A-	PHICO	ips	15. MOTHER'S MAIDEN N	BETH MIDDLE		PETE	RS
De execu		VAS DECE ASED EVEL YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	2/6-0.	3-386	AUGUST	PHILLIPS	SS	SAME	21224
DS, 201 W. PRESTON ST., I juries that the death certific signed by the attending phyen places remove corban part of burial, cremation, or removinty, or ather traumatic even	Z	Conditions, if one gove rise to incouse (0), stot underlying cous	y, which neediote ing the lost.	DUE TO, OF	R AS A CONSEC Sepsis R AS A CONSEC Renal f	DUENCE OF a l l ure	y arrest  NOT RELATED TO THE TER  nal hemorrha	RMINAL DISEASE OR CON	DITION GIVEN	l we	ek
TAL RECORDS  The low requiricion.  The hos been significants the hos been significants. There is some prior to be shown only injuring the prior to be the shown only injuring the show	CERTIFICATION	190 DATE OF OPERA		196 CONDI		CH OPERATION	WAS PERFORMED	200 AUTOPSY? YES NOXX	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING	S USED F DEATH?
NG PHYSICIAN: To then dring physicial free this certificote as the burial-transit in and Mentol Hygin orked or them 18 sh	MEDICAL CER	21a, ACCIDENT WAS UP OR CONTRIBUTING  (IF EITHER NOTIFY MEE  21d INJURY OCCUP WHILE NOT WALL WORK	CAUSE OF DEA	HOUR A./ P./ 21e PLACE (	M. MONTH M.	19	211. LOCATION STREET	IRRED (ENTER NATURE OF INJUI		OR PART 2)	STATE
TAL OR ATTENDIN y the hospital or a RAL DIRECTOR: Aff defacthed for use or rote Dept. of Health		22a I certify that () saw the decea above, Ma(we) 22b. SIGN A VIII	k (this hospi sed alive on plid) (disking	November 1) yew the body	er 4 19	<u>82</u> on	d that in (n <b>X</b> ) (our) opinio EGREE ATTENDING PHYSICIAN	. to Novembe n death occurred on the do  MEDICAL STAT DIRECTOR PHYSIC	ote and hour an	82 , the od from the co	or XXwe) lost uses stoted
O HOSPI O HOSPI TO FUNEI should be with the Si		John		e, M.D.	0		c/o Maryla	nd General H	ospital	//	
COGBP 12		BURIAL CREMATION	I, REMOVAL	23b. DATE	82 1	AKLA4	METERY OR CREMATORY	23d LOCATION CITY OR TOWN	BA	OUNTY LIG -	MD.
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR		Vacas	1 Lafores	2210		ATE REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNATUR	E

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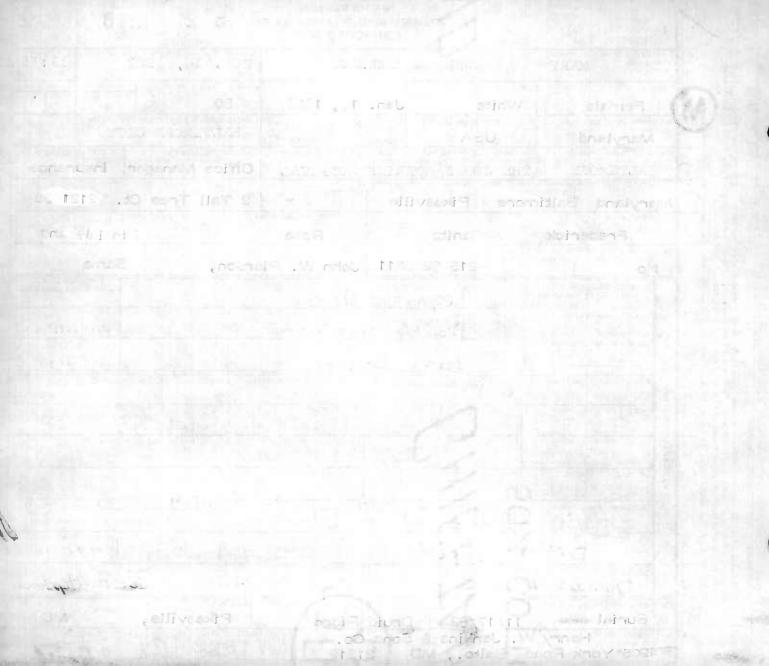
	deoth. Page 4 may be
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2;201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.
	TO HOSPITAL C

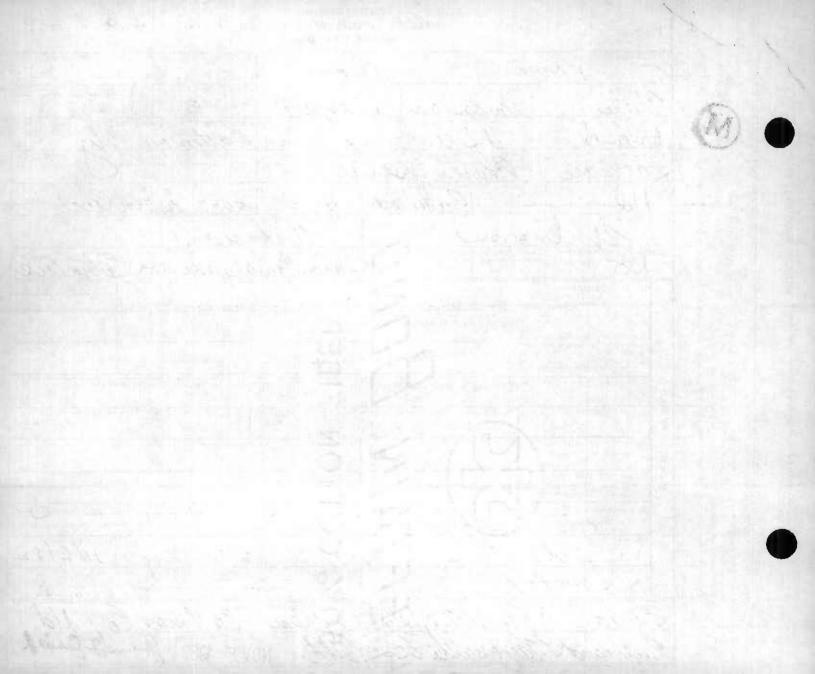
DHMH-16 50M 1 (VRA 15, 4)

12	FOR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG	IENE 8 2 2 8	8 9 2
1	- STATE REGISTRAR Marie		CERTIFICATE OF DEATH		
	I DECEASED NAME FIRST	C. FICCOIO	IASI		YEAR 25 HOLLR
	(TYPE OR PRINT) MARIE	Picc		( )	A
1	3. SEX	4 RACE	5. DATE OF BIRTH		IDER 1 YEAR FUNDER 24
	TEMME	White	7-1905	++ YRS.	
97	INELAND	76. CITIZEN OF WHAT COUNTRY	MARRIED DEVER MARRIED WIDOWED DIVORCED		
3	Baltimore	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Superintendent	Apt. He
Turstrbe 1			RE ADMISSION)  13d. INSIDE CITY LIMITS?  YES TO D	823 Jack St. (2	
iner	14 FATHER'S NAME		15 MOTHER'S MAIDEN NE		
DC	Austin		rne Ada	WIDDIE	Merrell
medico					(21230) Apt. 236
ony injury, or	PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	eled ulcer	devolen	20a AUTOPSY? 20b. IF YES, WE	RE FINDINGS USED
500	=======================================				CAUSES OF DEATH
18 sh	OR COLUMN THE THE CALL	LAIT.	PAT TEAK		
rked or 1k	VIETNIE ON CONTINENTING CAUSE OF E	21e. PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STA
S HO		pital) attended the deceased from.			, that (I) (we
m 21 is	sow the dedeosed olive	RACE  White  STATE OF BIRTH  STATE OF FORTH AT COUNTRY?  MARRIED OF VER MARRIED BAILTIMOSE CITY OR COUNTRY OR		from the couses state	
ANT: # He	A fell	w/m	ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE SIGNED
IMPORTA	LECTOI	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  REG. NO.  AME  COLORS  REG. NO.	mos		
	Burial, CREMATION, REMOVE Burial	11/4/82 G1	en Haven Mem.		Mď.
/81	24 FUNERAL DIRECTOR Bal	to., Md. 21225	25a. DATI	E REC'D. BY REGISTRAR 256. REGISTRAR'S	
1	George J. Gond				2. Court

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J.	FOR STATE REGISTRAR		STATE OF MARYLAND T OF HEALTH AND MENTAL HY ERTIFICATE OF DEATH	GIENE 8 2	2892
74	1. DECEASED NAME FIRST MARY	ROSE	PIERSON	NOV. 14,	1982 YEAR 1982 III:1
A	T. SEX Female		DATE OF BIRTH an. 16, 1932	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER 24 HOURS N
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76. CITIZEN OF WHAT COUNTRY?	AARRIED NEVER MARRIED	9. BALTIMORE CITY OF BALTIMO	COUNTY OF DEATH
	BALTIMORE	11. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDR THE JOHNS HOPK	OME OR OTHER INSTITUTION ESS) INS HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF OFFICE Ma	
11.33	Maryland Bal	COR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM DUNTY 136. CITY OR TOWN TIMORE PIKESVILLE	YES NO 📉	13. STREET ADDRESS 2 Tall Tr	ree Ct. 21208
13	14. FATHER'S NAME FRST Frederick	MIDDLE Canitz	15. MOTHER'S MAIDEN NA FIRST Rose	WE	Zinkand
point of the condition	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (1F YES)	ARMED FORCES? 16b. SOCIAL SECURITY 215 32 83		ierson,	Same
by the districting stysts are conficulty of the control of the con			e of bstruction	)	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
The law requires the ricion.  te has been signed b sist permit. Then pleas giene prior to burial, shows any injury, or a	PART 2 OTHER SIGNIFICATION  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	NT CONDITIONS CONTRIBUTING TO DEA	<u>TH</u> BUT NOT RELATED TO THE TERM	200 AUTOPSY?	TOD. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YESNO
HYSICIAN: nding phys his certifica burial-troi d Mental Hy ar Item 18	OR CONTRIBUTING CAUSE OF CAUSE	DEATH HOUR A.M. MONTH DAY	19 ZII LOCATION	RED (ENTER NATURE OF INJUR	
OR ATTENDIN e hospital or of DIRECTOR: Aft ched for use or Chet, of Health hem 21 is mar	22a.1 certify that (I) (this has the deceased give obave (I) (we) (did) (did) 22b. \$IGN & URE	Isara Little	DEGREE ATTENDING	MEDICAL STAF	19 8 that (I) we te and haur and from the causes stated and haur and ha
SPITA SPITA	224 PHYSICIAN'S NAME (T	0 - 110			
TO HOSPITAL of the state of the	Boxboura  230. BURIAL, CREMATION, REMO  (5°FC)  1290. SURIAL, CREMATION, REMO  (5°FC)  (5°FC)  (5°FC)  (100. CREMATION (100. CREMATION)  (		Dept - SF E OF CEMETERY OR CREMATORY Fuid Ridge	23d LOCATION CITY OR TOWN Pikesvi	)





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DHMH - 16 50M 1/81 (VRA 15, 4)

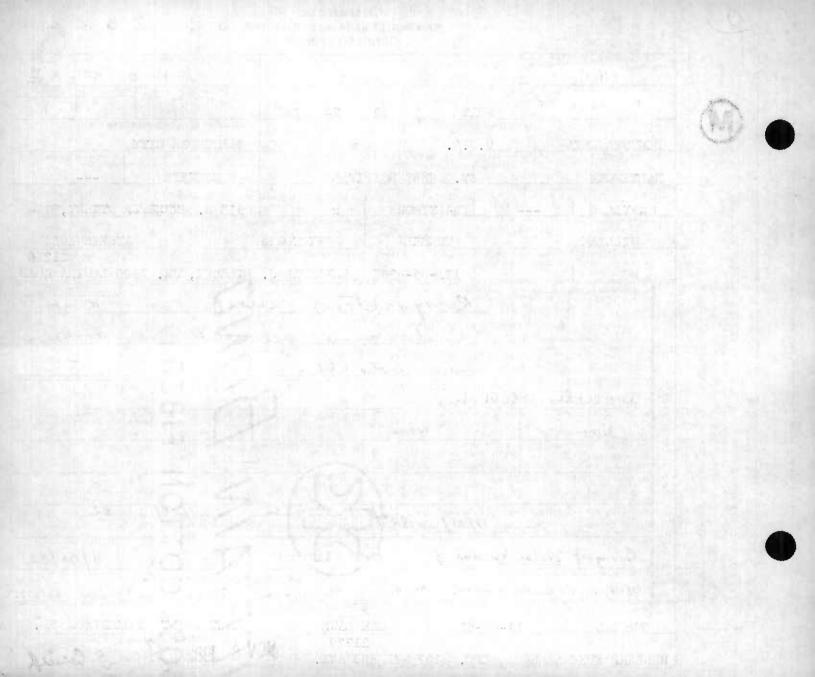
FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE	8	2 REG. N	۷٥.	2	8	9	2	4
LAST	20 DAT	E OF	DEATH	MONTH	DAY	1	YEAR	2b. HOL	JR
PILECKI				-11	0	5	82	3	18 M
5 DATE OF BIRTH	6 AGE	LIN YE	ARS LAST B	RIHDAY	I.F.	UNDE	RIYEAR	IF UNDER	24 HPS

		CEASED NAME	FIRST	- 1	MIDDLE		LAST		20 DATE OF DEATH	H MONTH	DAY	YEAR	2b. HOU	R
	TITLE	ORPRINT)	MARGAR	ET	EVA	PILE	CCKT			11	06	82	3.	18 M
	3. SE	Κ		4_RACE	477.	5 DATE	OF BIRTH		6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDE		IF UNDER	24 HRS
		FEMALE	44	WH	ITE	12	24	14		67 YRS	MONTHS	DAYS	HOURS	MIN.
Z		RTHPLACE (STAT	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER	******	9 BALTIMORE CIT			ATH		
1	0	ENNSYLVA	NIA	U.	S.A.	WIDOWI	_	NORCED T	BALTIMO	RE CTI	ΓY			MD.
3	10. CI	TY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INS	TITUTION	120 USUAL OCCUP	PATION	12b.		BUSINE	
1		ALTIMORE			ST. AGNES	HOSE	PITAL		HOUSEW		3 LIFE}   IND	USTRY		
100	13a. S	AL RESIDENCE IN	NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		113d. INSIDE (	ITY LIMITS?	13e STREET ADDRE		-			
1		MARYLAND			BALTIMO		YES 😿	NO 🗆	513 N.		PER S	TREE'	T.21	205
1	14 FA	THER'S NAME	A	MIDDLE	LAST	145-3	15. MOTHER	S MAIDEN NAM				LAST		
		WILLIA	M		HUMMEL		V	ICTORIA			RYNI	KIEW		
		VAS DECEASED E		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM	ANT	AD	DRESS		100	212	16
		NO			178-05-	4387	ALEXA	NDER J.	PILECKI,	JR. 2	2800	LAWI	NA R	OAD
		18 CAUSE OF D	PEATH (Enter online)	y one couse per	line for (a), (b), and	licu.	1				В	APPROXIMETWEEN O	NATE INTERV	/AI DEATH
		PARTI DEAT		E CAUSE (a)	Rerop	ira	for	a	rest.			150	ns.	,
		429	72	DUE TO, O	RASACONSEQUE	NCE OF						,	,	
	9	Conditions, if		( ıb)	Cerebr	rua	reule	acc	ident			60	day	2
		couse (a), s		DUE TO, O	R AS A CONSEQUE							quality.		
				(c)	after se									
	Z	PART 2 OTHER	SIGNIFICANTO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR C	ONDITION	GIVEN IN P	ART Iro	WI I	
7	ATIC	190 DATE OF OP	ERATION	LISH COND	TION FOR WHICH	OPERATIO	NI WAYAS DEDEC	DOMED	20a AUTOPSY?	205 IE )	YES, WERE	FINIDIAL	CC USED	
	IFIC	Nm		178 COND	Na		IN WAS PERIO	DKMED		IN CER	TIFYING C		OF DEATH	H?
1	CERTIFICATION	21g. ACCIDENT WAS		216. TIME O			121c HOW IN	JURY OCCURR	YES NO		YES D	0.407.21	NO 🗌	
1			CAUSE OF DEAT		M. MONTH DA				TENTER INTORE OF	TO THE THE METERS TO	D PART TORY	71 21		
	MEDICAL	21d INJURY OCC	MEDICAL EXAMINER)	P. PLACE		19	211. LOCATI	ON						
	ME	WHILE NO	T WHILE		EET, FACTORY, OFFICE, FA	RM, ETC.)	STREE		CITYO	RTOWN	COU	MIA	51	ATE
				al) attended the	e deceased from_	11/	211	10 82	to (/	1261	10 8	5.3 11	hat (I) (w	a) lest
9		sow the dec	ceosed alive on		106/ 19 8	32 / or	nd that in (my	(our) opinion d	leoth occurred on the	e dote and h	our and fr			
	33	226. SIGNATURE		view the body	after death.		DEGREE			1	220	DATE S	IGNED	_
		George	- Vell	aukaro	w	M	19 ·	ATTENDING PHYSICIAN	MEDICAL S	TAFF		11/0	06/8	12
1		27d PHYSICIAN'	STAME (TYPE OR	PRINT)			22e ADDRES		essen H	~~~~	1	1	-/-	
		SEORGE	VELL.	ANIKAL	PAN M.	D.	900	S Caton	Arreams	C	- 6 600		No-	2.122
	23a. B	URIAL, CREMATIO	ON, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR		23d LOCATION	130		-010	1 32	
	13	BURIAL		11-09-	82	OAI	K LAWN		EAST PO	INT	BALTI	MORE	MD	ATE
	24 FU	NERAL DIRECTO	R H		ADDRESS		21229	250 DATE	REC'D. BY REGISTR		ISTRAR'S S	IGNATU	RE	
	HU	BBARD FU	JNERAL H	IOME. IN	C. 4107 W	ILKE	NS AVE	101	1885 B AL	10	an	2 C	Maril	1

4107 WILKENS AVE.

INC.



FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	99095
- STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	REG. NO.
T. DECEASED NAME FIRST	MIDDLE LAST 20 DATE KNO OF ES	WN X MONTH DAY YEAR 26. HOUR
DEBR	Aleborah F. PINTO DEATH MA	TED 11 26 1982 A
3, SEX 4. RACE	S. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	MONTH DAY YEAR 24 HOUR 2:30
To BIRTHPLACE (STATE OR	7-/0-59 23 YRS. DEAD  176 CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE	11 26 1982 a M
Balto. Md.	MARRIED NEVER MARRIED	_
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION IN SUCH FACILITY GIVE STREET ADDRESS)	
Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  University Hospital  OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
STATE 134 COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  Arundel   13c EINY OR TOWN   13d INSIDE CITY LIMITS?   13e SIDEES ADDRESS   12d August   12d	21061 land OrApt. 203
14. FATHER'S NAME  FIRST  (arrol	L MODELE thomas Sr. LAST 15. MOTHER'S MAIDEN NAME FIRST Sally Daffin	
160. WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT	ten Burrie, Md21061
(IF YES, GIV	RMED FORCES? EWAR OR DATES)  16b. SOCIAL SECURITY NO. 17. INFORMANT  214-76-7923 Luis H. Pinto - 348 A	lighland Dr. Apt. 203
18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	nly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ATE CAUSE (o) Cranto-cerebral Trauma	
Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	
gave rise to immediate couse (o) stating the under	e (b)	
lying couse last.	(c)	
	S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
Ž		
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
190 DATE OF OPERATION 210 EXTERNAL CAUSE WAS	216. TIME OF INJURY 216. HOW INJURY OCCURRED LENIER NATURE OF INJURY IN	YES X NO
	HOUR XX MONTH DAY YEAR DEATH 7:53P.M. 11-25-1982 Driver in auto/auto col	
21d. INJURY OCCURRED	21e. PŁACE OF INJURY (ATHOME, 21f LOCATION	
WHILE AT WORK AT WORK	street, FACTORY, FARM, ETC.)  STREET  FOAD  STREET  ST	Lto. COUNTY STATE
	ge af the remains described above, held on Autapsy X, Inspection . Inquiry	, ond in my apinion
	prol couses . Accident . Suicide . Homicide . Undetermined manner	
A.	TITLE (SPECIFY)	
ACTUAL SIGNATURE	M.D. Assistant MEDICAL EXAMINER	DATE SIGNED 11-26-82
EXAMINER'S NAME AT	n M. Dixon, M.D. ADDRESS 111 Penn St., Ba	alto., Md. 21201
230 BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	
(remation	11-27-82 Greenmount (emetery Balto.	COUNTY STATE
24 FUNERAL DIRECTOR	250 DATE REC'D BY REGISTRAR 125	MIGISTRAR'S SIGNAQUEE
John (. Miller I	nc-6415 Belair Rd21206 NOV 30 1982	Jour J.

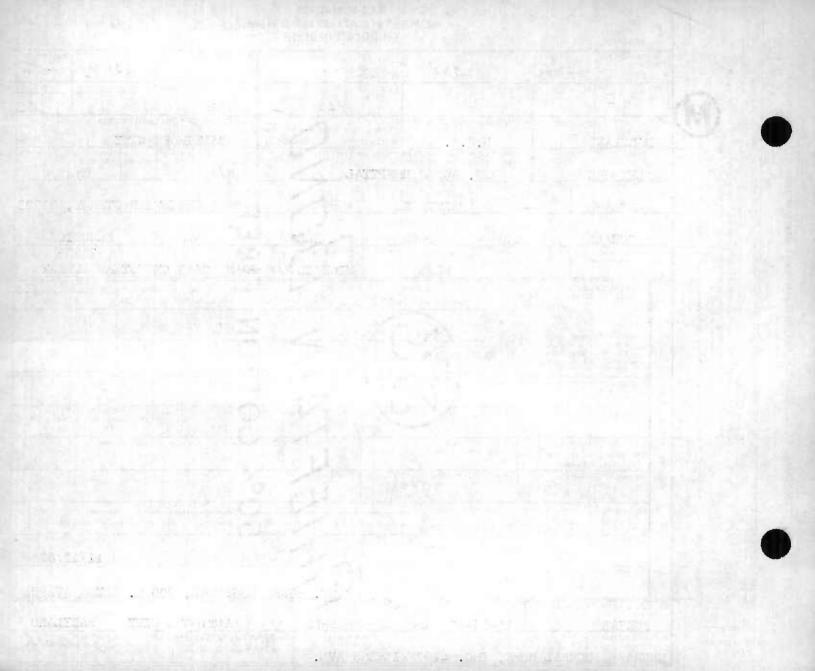
The state of the s of Latery & Monte 2/1-7-727 (1110 - 713 (1116) - 713 (1116) (1116) . In . Character to the control of t a Line our side of the state of the st

inimod inti seculties Estringes of IE. units Ave. 11212 i u / in ant 218 28 Osch Live. Wary V. Piragal, Liberto A Abrostotor Tilliuss Literains Park Bills., - The W. Jankins - The Land 11:12 - 11:13 - 11:13 - 11:13 - 11:13 - 11:13 - 11:13 - 11:13 DINGE SALAMEZICA SENDENCE SALAMA

¥	Ki	FOR STATE REGISTRAR				TMENT OF	E OF MARYLAND BEALTH AND MENTAL HY CICATE OF DEATH	GIENE 8 2	2	8 9	28
1 71/4	{TYP	Ma	ATHIA Thia	s S X	J.	P	oh to	20. DATE OF DEATH	MONTH D		25. HOUR 6/3 AM
age 4 mo	1. 58	MALE			WHITE	5. DATE (		6. AGE (IN YEARS LAST	YRS.	FUNDER 1 YEAR	HOURS MIN.
At the state of th	C	IRTHPLACE (STATE OR COUNTRY) OHIO		U.S		WIDOWI			MORE CI		MD
5 MOZ	, E	ALTIMORE	1	(IF NOT IN SUC MER	HEACHITY, GIVE STRE	TAL	DR OTHER INSTITUTION	120 USUAL OCCUP	TOF WORKING LIFE	INDUSTRY	BUSINESS OR
TO THE STATE OF TH	13a M	AL RESIDENCE (IF NURS STATE IARYLAND	13b. COUN BAL	TO.	13c. CITY OR TO	LK	13d. INSIDE CITY LIMITS? YES NO TO	130. STREET ADDRESS 1728 LES	SLIE RD.	2122	2
MARY amples		ATHER'S NAME UNKNOWN		MIDDLE	POHTO		15. MOTHER'S MAIDEN NA	UNKÑÔV		LAST	
TIMORE,	360	WAS DECEASED EVER		MED FORCES? E WAR OR DATES)	213.07.			A, Freisei			er Rd.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires, that the death certificate in executed within a liber of the death certificate has been signed by the attending physician.  Then buriol-transit permit. Then please remove corbon appear, from and 2 they that had Membal Hygiene prior to buriol, cremotion, or remon.  The ond Membal Hygiene prior to buriol, cremotion, or remotion.	z	Conditions, if any, gove rise to imm couse (0), statin underlying cause	which nediote g the last.	(b)	R AS A CONSEQ	UENCE OF	Carchomy (	pathy MINAL DISEASE OR CO		N IN PART 110	
SION OF VITAL RECORI PHYSICIAN: The low req ending physician. this certificate has been the buriol-transit permit. If ad Mental Hygiene prior h d or them 18 shows any inf	MEDICAL CERTIFICATION	190. DATE OF OFERA	DERLYING LAUSE OF DEA	21b. TIME O HOUR A.I	F INJURY M. MONTH		N WAS PERFORMED	200 AUTOPSY? YES NOS	IN CERTIFY		
L OR ATTENDI the hospitol or L DIRECTOR. A toched for use E Dept. of Head	MED	21d. INJURY OCCURE WHITE NOT WE AT WORK NOT WHO 22a. I certify that (1) sow, the decease obsite, (1) (we) (c 22b. S.G. PATURE	(this hospited alive an	al) ottended the	e deceosed from	8)	21f. LOCATION STREET  At that in (my) (aur) apinion DEGREE  ATTENDING PHYSICIAN	MEDICAL SI	date and hour		
TO HOSPITAL retoined by the TO FUNERAL should be det with the Stote	230	Md. PHYSICIAN'S NA	5	STIN	Partir	NAME OF C	22e ADDRESS  MOYCY  EMETERY OR CREMATORY	650	ACTAIN.	1_/1/>	402
000 BP	E	Surial	KEMOVAL	11/26/			n Cemetery	Baltin		Mary:	
DHMH - 16 50M 4/82		UNERAL DIRECTOR	s Bra	dlev In	C TYPESS	lalk N	1d 21222 NO	V 26 1982	AR 25h GISTR	AR'S SIGNATU	RE

21/ Description of the second seco miles medays remiser from - 12 m ma made NOV 26 1382 July Chairs

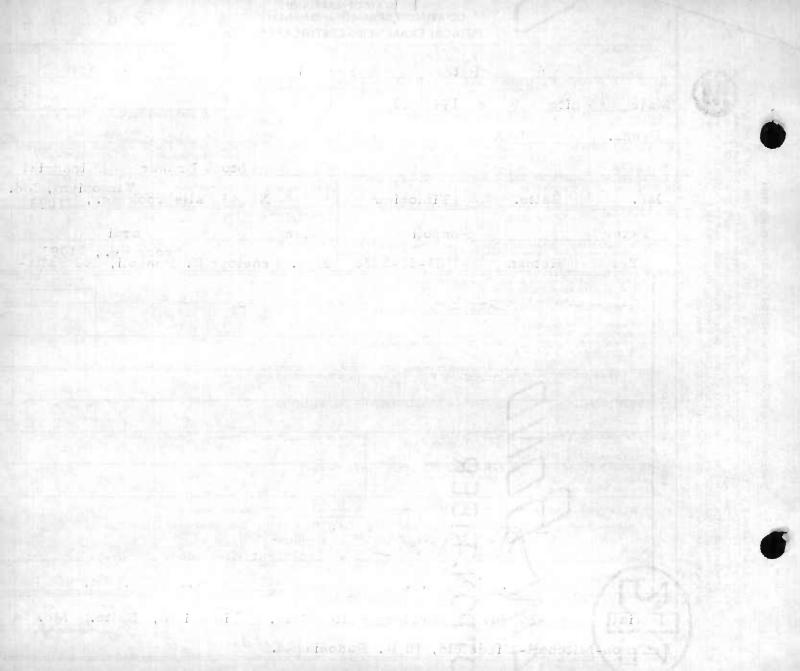
HUBBARD FUNERAL HOME. INC. 4107 WILKENS AVE



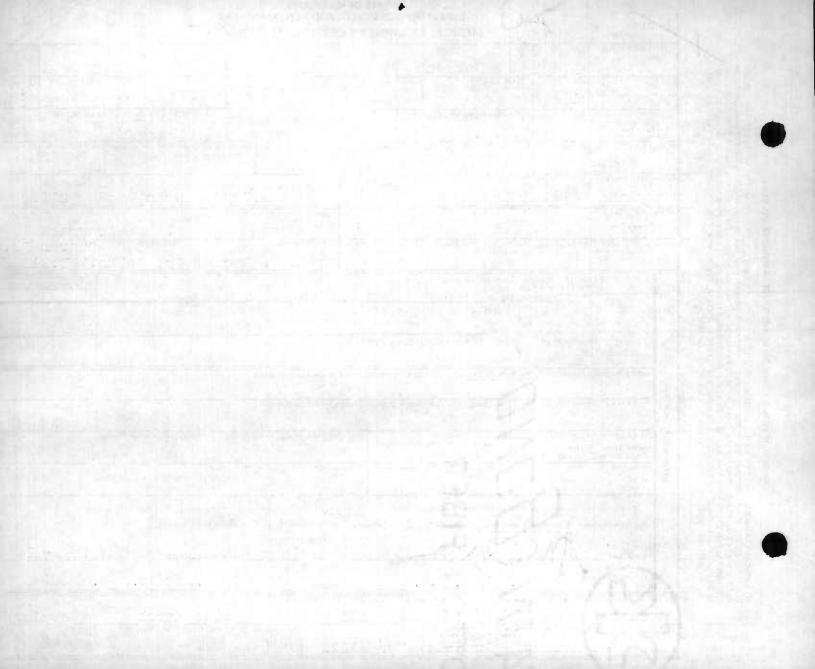
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1 - STATE	- STATE		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 2 8 9 3 2  MEDICAL EXAMINER'S CERTIFICATE OF DEATH												
REGISTRAR	FIRST	ME	MIDDLE	EXAMIN	EK.2 C	EKTIFIC	LAIEU	PUEA	Н	REG. N					
1. DECEASED NAME (TYPE OR PRINT)	FIKSI		WIDDLE			LAST		20	OF N	ESTI-	MONTH	DAY	YEAR	2b. HOUR	
	GARY		eter			nzoli			DEATH /	MATED	□ 11	18	19 82	M	
1. SEX	4 RACE	5 DATE OF BIRTH	YEAR	6. AGE (IN YE			HOURS		C. DATE	CED	MONTH	DAY	YEAR	9:27	
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DREIGN COUNTRY)	ATE OR	76. CITIZEN OF W	HAT COUN	TRY?	8. MARRI	ED X NEV	VER MARRI	ED 🗆 1	BALTIMO	ORE CITY	OR COUN	NTY OF E	HTAS		
Penna.	USA WIDOWED DIVORCED Baltimore						City	<b>y</b>		MD.					
D. CITY OR TOWN	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  120. USUAL OCCUPATION (1Y FOR MOST OF WORKING LIFE)						YPE OF WORK	OF WORK 12h KIND OF BUSINESS OR INDUSTRY							
Baltimore	9	Sinai Ho							ck Bı		r	Fir	nanc	ial	
UAL RESIDENCE (	IF IN NURSING HOME OF	ROTHER INSTITUTION, G		OR TOWN	ON)	113d. INSIDE CI	ITY LIMITS?	13e STREI	ET ADDRES	SS	Tir	noni	um	Md.	
Md.	Balt			noniun	a	YES 🗌	NO X	243	Fall	sbro	ok R	d.,	2109	93	
14. FATHER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDE	NNAME		DDLE			LAST		
Peter		F	onzo	4		An	n			ľ	Vardi				
160. WAS DECEASED	EVER IN U.S. ARA	AED FORCES? WAR OR DATES)		IAL SECURIT	Y NO.	17. INFORA	THAN			ADDRES	k Rd	2.	1093	3	
Yes	Viet		181	181-32-5330			Mrs. Penelope			Pon	zoli,	243	243 Falls-		
18 CAUSE OF	F DEATH (Enter and	y ane cause per line	e far (a), (b)	), and (c),)					1			BETV	PPROXIMATE	INTERVAL T AND DEATH	
PARTIDE	ATH WAS CAUSED  IMMEDIAT	BY: E CAUSE (a)	Arter	ioscle	rotic	card	iovas	cular	dise	ase					
42	12	DUE TO, OF	RASACON	SEQUENCE	OF			930							
	e to immediate	(b)								TT C					
cause (b)	stating the <u>under</u> -	DUE TO, OF	AS A CON	SEQUENCE	OF										
		(c)													
	SNIFICANT CONDITIONS	CONTRIBUTING TO GEATH	BUT NOT RELA	TEO TO THE TERM	IINAL OISEASI	OR CONDITION	N GIVEN IN PAR	RT 1 (a),			4				
190 DATE OF	ORERATION	Liai con in	7.0.1565		171011	AC DEDECT	MED 2					1.0			
1 IVO DATE OF	OPERATION	TION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTOPSY?					
21. EVYERNIA	L CAUSE WAS	WAS 216, TIME OF INJURY 216, HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PA										YES NO			
THE PROPERTY OF THE	OR	R HOUR A.M. MONTH DAY YEAR								EB PART TOR P	PART 2)				
CONTRIBUTION 21d. INJURY O	NG CAUSE OF D			19	214 10	CATION									
	NOT WHILE	VHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN							C	YINUO		STATE			
AT WORK	AT WORK														
22a   certif	y that I taak charg	e at the remains de	scribed abo	ive, held an	Autap	sy X.	Inspection	n L.	Inquiry	L (	and in my	apinian			
death resulte	ed fram: Natur	al causes X.	Accident	☐, Su	cide	, Hamic	ide .	Undeter	rmined mai	nner 🔲	],				
ACTUAL		////	AK	6	/	TITLE (S					0.7				
SIGNATURE_		11000	10	X	M	D. Ass	istan <sup>.</sup>	MEDIC	CAL EXAM	INER	DATE		11-19	-82	
EXAMINER'S I	NAME .	, ,		0			111	Da	CT	D-1	+-	Mel	2120	1	
TYPE OR PRIN	VT)AL	n M. Dixe		.D.		ADDRESS_			St.,	Bal	то.,	ı√IQ .	2120	1	
230.BURIAL, CREMAT				NAME OF CE				23d LOC			_	YINU		TATE	
Burial 24 FUNERAL DIREC		20 Nov 8	2 D	ulaney	Val	ley C	em.	Tir	moni	una	Bal SIRAR'S		Md	2-	
NAME		ADDRES	5 - 1 -1	10 347	Do d	lonia	DAOV	22	1982	135	حصصي	7			
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 showld be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

rector, page 3 urs after death

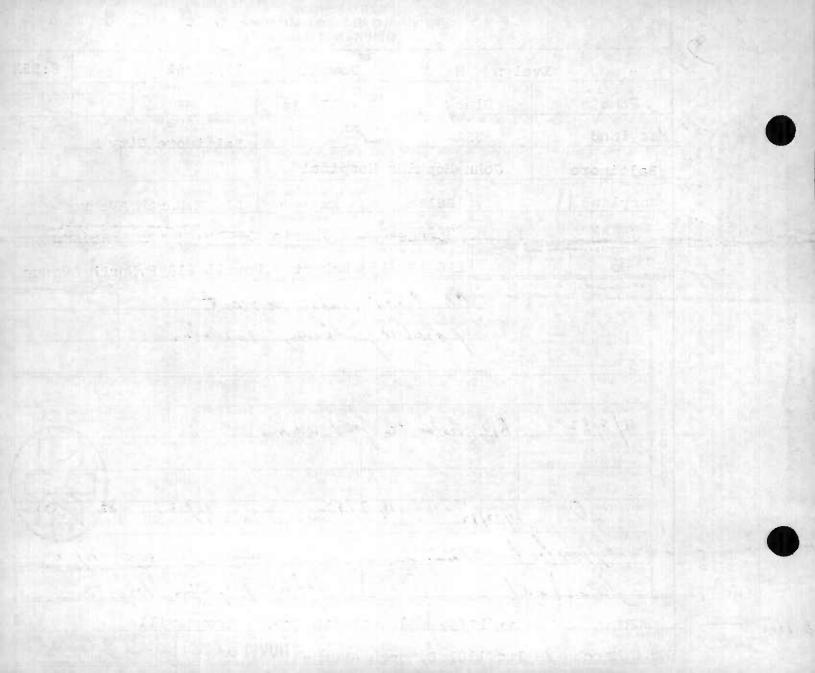
may be

K	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 2	2	8 9	3 5
V		CEASED NAME	FIRST	MIDDLE	l.	AST	20. DATE OF DEATH		YEAR 2	26 HOUR
1		E OR PRINT)	Evelyn	M		Powell	11/12/8	32		9:55A
	3 SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY) IF UN		IF UNDER 24 HRS
40	1	Female		ack	2 MONTH	27 14	68		DATS	MIN.
O.L.		IRTHPLACE (STATE OR FO	REIGN 76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
9		aryland		JSA	WIDOWE		Baltimo	ore City	U	MD.
33	<sub>j</sub> I	Baltimore	Joh.	n Hopkin	ns Ho	spital	12a USUAL OCCUPA (TYPE OF WORK FOR MOS	TION	12b. KIND OF	BUSINESS OR
35	130	Maryland	G HOME OR OTHER INSTITUTION 3b COUNTY	13c. CITY OR TOW Balto	N	AES XX NO []	13e. STREET ADDRES	s North AN	Venue	
ETA.	14 F/	ATHER'S NAME FIRST	WIDDIE	LAST		15. MOTHER'S MAIDEN NA	AME		LAST	
DA.		James		Barnes	3	Jessie	MIDDLE		Sim	ms
dica		WAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADD	RESS		
ше	L.	No	(III TES, OTTE WAR OR DATES)	216-12-	5150	Robert T.	Powell 83	8 E.Nor	cth A	venue
injury, or other traumatic eve	NO!	Conditions, if ony, a gave rise to imme couse (a), stating underlying cause	MMEDIATE CAUSE (o)  DUE TO, C  which diote the last. (c)  (c)	OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TER	Andrala MINAL DISEASE OR CO	NDITION GIVEN I	N PART 1(a)	
shows and	CERTIFICATION	11/8/82	1/0	Chalcan	OPERATION AL	mulcurany	200 AUTOPSY?  YES NO	20b. IF YES, WE IN CERTIFYING YES	G CAUSES O	GS USED OF DEATH? NO [
Hem 18s		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	USE OF DEATH HOUR A	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF IN	JURY IN ITEM 18, PART I	OR PART 2)	
rked or II	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	D 21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA		211. LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
If Ifem Z I Is mo		saw the deceased	his hospital) attended the olive an 12/0) (did not) view the bady	87 19		o that in my (aur) opinion DEGREE ATTENDING PHYSICIAN		date and hour and		
APOR AN		22d. PHYSICIAN'S NAN	AE (TYPE OR PRINT)			22e. ADDRESS	Hookin	s Hosp	utal	,
<		BURIAL CREMATION, RE	MOVAL 236 DATE	23c N	IAME OF CE	METERY OR CREMATORY	234 IOCATION	-		
36		BURTAT.	11/1	7/82 Mc	d. Ve	teran Cem.		sville	YTAU	5TATE Md
81	24 FU	UNERAL DIRECTOR	- 11/	ADDRESS		250 DA	TE REC'D. BY REGISTRA		SSIGNATUR	
	Wm	.C.March	F/H Inc.1		orth	AVenue NO	V 1 5 1982	John	je lah	my

DHMH - 16 50M 1/8 (VRA 15, 4)

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etoined by the hospital or attending physician.



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 50M 1/81 (VRA 15, 4)

FOR STATE

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DEPARTMENT	OF	HE	A
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F MARYLAND LTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8

	history							KEG	NO.		
	100	CEASED NAME FIRST		MIDDLE	L	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
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2	-	FRANKU		7 . 1	190CF	HOUL	)n.		1 2	1 82	0 730A
	1 SE		4 RACE		S. DATE C	F BIRTH		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		MALE	CAL	LC.	WOWIH	DAY	83	1.1		MONTHS DAYS	HOURS MIN.
	4					14	18	97	YRS.		
	70. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	B	NEVER M.	ADDIED []	9 BALTIMORE CITY			
7	Mai	rylandsA	USI	A				1114	1081	Baltimon	0
4		0			WIDOWE	- Industrial	ORCED	CII			MU
1		ITY OR TOWN OF DEATH		HOSPITAL, NURSING HEACILITY, GIVESTREET		R OTHER INSTI	TUTION		ATION	126 KIND O	F BUSINESS OR
	DI	ALTIMORE	S. B.			OSP.		BETHLE	M CIES		11
-	of the	AL RESIDENCE (IF NURSING HOME OF	And the second		' / '	0) - (		PUTTLE	11 2 5	Eld Dri	ller
78	3e S	STATE 136 COU		130 CITY OR TOW	r upunggional	13d INSIDE CIT	VILLALITED	13e. STREET ADDRES	122/1	Riversid	e Ave.
ಾ		MD.	ALT.		CUTY		NO [	2001 S	11 =	LINIOS	> 24220
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20	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S	MAIDEN NA	ME MIDDLE			
1		Michael		Page	chaska	-	Augus	ta		Whi	to
34	14 14						0				
1			MED FORCES?	166 SOCIAL SECL		17 INFORMAN		ADI	Same c	us above	
		Yes W.W.	2	214-05	5-2841	wife:	ROSE	-NAC.	PRAC	HADY	1
						, ,	1000		11100		
		18 CAUSE OF DEATH (Enter or	nly ane cause per	line for (a), (b), an	id ici	media	QEN!	C SLECK		SETWEEN C	MATE INTERVAL
		PART I. DEATH WAS CAUSE		Aulton	and es	0 24	Swit	200-		2.	1
		IMMEDIA	TE CAUSE (a)	1171011	280,000		WAS ASSE			-	
		7/00	DUE TO, O	R AS A CONSEQU	ENCE OF						
		Conditions, if ony, which	(b)								
		gave rise to immediate	(D)								
		couse (a), stating the	DUE TO, O	AS A CONSEOU	ENCE QF	^	-	0			
		underlying couse lost.	020X	mynco	welle	, 0 i	wta VI	tin.			
		DART S OTHER SIGNIFICANT	11000				10100	1.00			
	2	PART 2 OTHER SIGNIFICANT	CONDITIONS CC	DATKIRUTING TO	DEATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE OR CO	NDITION G	IVEN IN PART 1 c	
	0		_								
	3	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFOR	MED	20a AUTOPSY?	20b. IF Y	ES, WERE FINDIN	GSTISED
	F							1/	IN CERT	IFYING CAUSES	OF DEATH?
	5							YES NO	Y	res 🗌	NO [
31	CERTIFICATION	2 10. ACCIDENT WAS UNDERLYING	216. TIME O			21c HOW INJ	JRY OCCURR	ED (ENTER NATURE OF I	JURY IN ITEM 18	PART I OR PART 2)	
1		OR CONTRIBUTING CAUSE OF DE	TH HOUR A.	M. MONTH D	AY YEAR						
/	ů.	(IF EITHER NOTIFY MEDICAL EXAMINER	P./	W	19			*			
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	1				
.7	×.	WHILE NOT WHILE	(AT HOME, STR	EET FACTORY, OFFICE, F	FARM ETC )	STREET		CITY OF	TOWN	COUNTY	STATE
- 14		AT WORK AF WORK			- 1	4					
- 11		22a.1 certify that (I) (this hospi	tal) attended the	deceosed from_		第 9	19 8	2 to 10	-	19 8	that (1) (we) last
- 11		saw the deceased alive on	_ 1112	19	221	d that is my his	our) apinian a	death occurred on the	date and he		
		saw the deceased alive on abave, (1) (we) (did) (did no	t) view the body	after death			or, aprillari c		date and no	or one from the	.auses stoled
		776 SIGNATURE		1		DEGREE			11076	22c. DATE	SIGNED
	1.00	V. C., V	CM Y	4 1 000	2		TENDING _		AFF \	11/2	1199-
-		1 ways	The	cur			YSICIAN [	DIRECTOR PHY	CIAN	111/2	100
1		778 THE SICIAN HAME OF C	R PRINT)			22e ADDRESS	-	11. 18		~	
	10	K.T	MITCHE	771		300	1 2.	MANO	ER.	BALT	mo
	-	10	- CI CII			7-0			1	,	
		URIAL, CREMATION, REMOVAL	23b. DATE	23c	VAME OF CE	METERY OR CR	EMATORY	23d. LOCATION			
	(	SPECIFY) Burial	Nov. 24	1082 (	edar H.	:11 (	2+22	DCITY OR TOWN		COUNTY	STATE
	-		1100.27	1702	mult 11.	21 200	etery	Daltim		Manu	land
		INERAL DIRECTOR	11 430	0 7	1 0	21230	250 DATE	REC'D. BY REGISTR	R 256 REGIS	TRAR'S SIGNAT	JRE
	Ma	Culty Funeral 1	10me, 130	F. Fort	A e. Bo	uto.Md.	MAN	24 1982	Jac.	. 2. Can	
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6	11-	FOR STATE				MENT OF	HEALTH	AND MENTAL		5 2		2 8	1 9	4	0
R		REGISTRAR CEASED NAME	FIRST	MI	MIDDLE	EXAMIN	IER'S C	ERTIFICATE	OF DEA	TH	REG.				
<b>数单数数数</b>		E OR PRINT	Richar	°d	MIDDLE			Pyne		20. DATE I OF DEATH	ESTI-	MONTH N	2 19	82 21	HOUR
HEAD THE PROPERTY OF THE PROPE	3. SE	Ale d	ACE AUC	MONTH DAY	YEAR	6. AGE (IN YE LAST BIRTHD		DER TYR. IF UND	DER 24 HRS.	2c. DATE PRONOUN DEAD	ICED	MONTH ] ]	DAY	82	10:58
	1	COUNTRY)					8	ED NEVER MA	RRIED RCED	9. BALTIM Balti		ORCOUN	ITY OF DEA		AM MD.
S HEEL	4	TY OR TOWN OF D		11. NAME OF HO	SPITAL, NU	RSING HOMI	E, OR OTHI	ER INSTITUTION	12a. USU	JAL OCCUP	PATION (T	YPE OF WORK	OR IN	OF BUSIN	
F ANY DEL 2, AND TO 3. RETAIN SHOULD BE	13a S	TATE	NURSING HOME O	R OTHER INSTITUTION,	13c. CITY	ORTOWN	ON)	13d. INSIDE CITY LIMITS		EET ADDRE	and the latest devices the lates	obia	5001	-S+.	
0.30		THER'S NAME		WIDDLE	0.	LAST		15. MOTHER'S MA		MI	IDDLE		Gish		
iono /	160.	VAS DECEASED EV	(IF YES, GIVE Y	WAR OR DATES)	160.800	CIAL SECURIT		Frank	ATT L		ADDRE			212	
IN ITEM 1B. G. ALONG WITI SIT PERMIT. PA HYGIENE, DIV MOVAL.		429	WAS CAUSED	BY: E CAUSE (a)	Arte	), ond (c).) rioscl	eroti	c cardio		8			APPRO	XIMATE IN	TERVAL
ST IN PENCIL AL EXAMINER URIAL - TRAN ND MENTAL ATION, OR RE		gave rise t cause (a) stot lying cause la	a immediate ing the <u>under-</u> st.	(c)				On CONDITION CHIEF IN					*	37	
D BE EXECUTED ENDING" IN PROPERTY OF A SA BURIAL-CREMATION, CREMATION, C	NO								PAKI I (a).						
JOESH -	TIFICAT	19a. DATE OF OPE	RATION	19b. CONE	ITION FOR	WHICH OPER	RATION W.	AS PERFORMED?					20 AUTO		40 [X
THE WOR TO THE CH HOULD BE L OR TO BUR		UNDERLYING	OR	HOUR A.	M. MONTH	DAY YEAR	21c. HC	OW INJURY OCCUR	RRED (ENTER )	NATURE OF INJ	URY IN ITEM	18 PART I OR PA	ART 2}		
THIS CERTIFICATE WRITING THE WARDED TO THE YACE 3 SHOULD BATE THE THE THE THE THE THE THE THE THE T	MEDI	21d INJURY OCCU WHILE NO AT WORK AT	DT WHILE WORK					CATION		CITY OR TOV	٧N	cc	OUNTY		STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		22a. I certify the death resulted fr	at I taak charg		Accident		Autops ricide	Hamicide TITLE (SPECIFY)	n+	Inquiry ermined ma	inner _	and in my o ], DATE SIGN	11	1/23/	/82
MEDICA SE 4 SH FUNER FENERAL FINERAL F	ID. CITY OR TOWN OF DEATH Baltimore  ID. CONTRIBLITION OF DEATH BALTIMORE ID. CONTRIBLITION OF DEATH BALTIMORE ID. CONTRIBLITION OF DEATH BALTIMORE ID. CONTRIBLITION OF	Guar	d.M.D.		ADDRESS 111					re.MD	2120	01			
Annual Control	1	PECIFY			23с.	NAME OF CE		RCREMATORY	23d. LC	CATION ORTOWN		COU	UNTY	STATE	
DHMH - 17	24 F	UNERAL DIRECTOR	,		SS	west.	212	37 250. DAT	TE REC'D. BY	REGISTRA		GISTRAR'S	SIGNATURE	:10	
(VR A15 ME (5)) 20M 4/B2	C	UACH RI	sedal	- F.H. IA	·c. /	211 Ch	esaco	AUZ INC	1120	1907	110	~~	La Maria	~~	

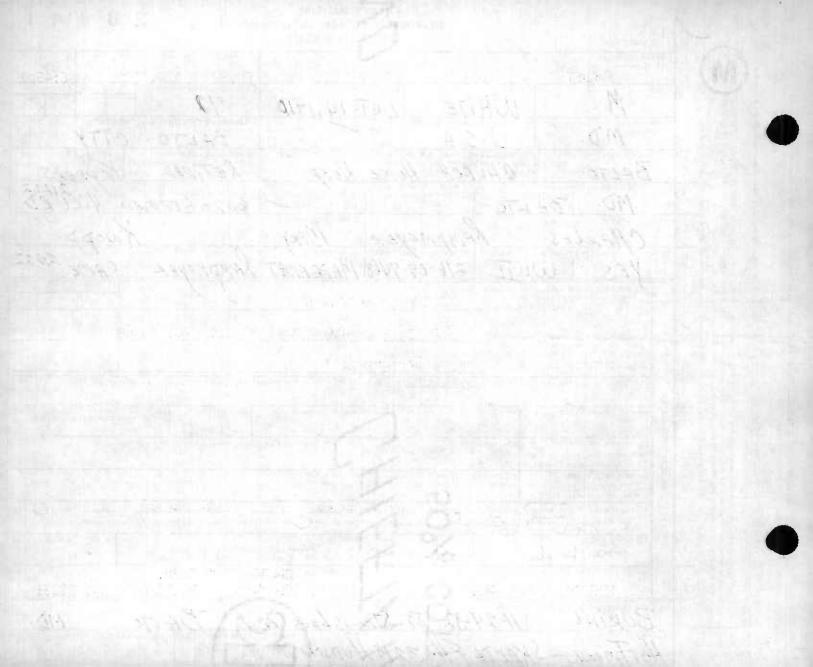
Petter Survey the state of FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE



page 3

FOR - STATE

	STA	TE	OF	M	ARYL	AND
EPARTMENT	OF	HE	AL'	TH	AND	MENT

AL HYGIENE CEPTIFICATE OF DEATH

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		REGISTRAR					TCATE OF	P		REG. NO	).			
	1. DE	CEASED NAME	FIRST	,	MIDDLE	1	AST		20 DATE OF	DEATH	MONTH D		2b. HOU	JR
	(110)	ORPRINIS	CHRISTIAN F RAPPANIER  11 07 82  Male  White  OT 06 82  Married   Nevermarried   Nevermarried	82	7:4	OP "								
8	3. SEX	X		IF UNDER 1 YEAR		R 24 HRS								
		Male		W	hite	TO"	06	N S.	XXX	83		ONTHS DAYS	HOURS	MIN.
И			FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	- C NEVER		9 BALTIMO	RE CITY O		OF DEATH		
)		aryland		U.	S.A.		_		Balt	imore	e Cit	у,		MD.
Я		ITY OR TOWN OF DE.	ATH				OR OTHER INS	TITUTION				12b. KIND O		
1	-	altimore		St. A	gnes Ho	spita	al							Lon
5	13a S	AL RESIDENCE (IF NUR STATE Aryland	MILICOUN	A.	Pasade	na.			13: STREET	ADDRESS Vena	a Ln.	211	.22	
7,	}4. FA	THER'S NAME					15. MOTHER	'S MAIDEN NAM	ΛE	Hally				
4	Cr	ristian	Fre	derick	Rappan	ier	Virg:	inia	Marg	aret	Ba	ssler	ST	
2	160: V	VAS DECEASED EVER			16b. SOCIAL SECU	RITY NO.	17 INFORM	ANT		ADDRE	SS			
100	- 1	No	N/	A	214-20-	2663	Dora	Lee E	ybs	Same	e as	#13		
		18 CAUSE OF DEAT	TH (Enter an	ly ane cause per	line far (a), (b), and	d (c).)						APPRO) BETWEEN	XIMATE INTE	RVAL
		PART I. DEATH V			Cachi	Pulli.								
		2000	IMMEDIA	E CAUSE (d)	0000	710								
9				DUE TO, OI	R AS A CONSEQUE	NCE OF	List	+	1.44	10				
		gave rise to im		(b)	Dil	use	MSI	ochhic	wn	MILE	ma			
		cause (a), statu	ng the	DUE TO, OI	R AS A CONSEQUE	NCE OF		V	0	V				
П		underlying cause	e last	( (0)								-		
1		PART 2 OTHER SIG	NIFICANT	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	D TO THE TERMI	INAL DISEASI	E OR CONE	DITION GIVE	N IN PART 1	(a)	
	CERTIFICATION					200								
Я	AT	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUTO	PSY?	20b. IF YES,	WERE FINDI	NGS USE	D
-	F								YES 🗆	Ком	IN CERTIFY	ING CAUSES	S OF DEAT	
늯	ERT	21a, ACCIDENT WAS UN	DERLYING T	1 21b. TIME O	E IN II IRY	-	Tale How In	NJURY OCCURR					NO L	
/		OR CONTRIBUTING		1100100 4	M. MONTH DA	Y YEAR		JON I OCCORR	LD TENTERNA	TORE OF INJUR	1 IN HEM IO PA	RITORPARIZI		
1	CA	(IF EITHER NOTIFY MED	CAL EXAMINER	) P./	Μ,	19			31.89					
1	MEDICAL	21d. INJURY OCCUR	RED	21e. PLACE	OF INJURY	. D	211 LOCATI			CITY OR TO	VN	COUNTY		STATE
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ı		saw the deceas	ed alive an	t) view the bady	ofter death	, ar	nd that in (my	) (aur) apinian d	leath accurre	d an the da	te and haur	and fram the	causes st	ated
		226. SIGNATURE	4	New rite budy	A l		DEGREE					22c. DATE	ESIGNED	
			(X	- 00	- Hu	lish		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF				
ī		224 PHYSICIAN'S N	AME MITTO	KPRPHT)	- CA one	1	22e ADDRE		) Director		iar e			
		Qui D	IEN	HUYN	H		St.	Agnes	Hoan	1+07				
	23a B	BURIAL, CREMATION,	1-11	23b. DATE		IAME OF C	EMETERY OR		123d LOCA					
	13U. C	Burial	REMOVAL		/-				CITY	OR TOWN		COUNTY	5	STATE
				TTT/ TO	/82 St	. 10.	nn's (	Cemeter	rv El	Lico	tt Ci	ty, Ho	· Co.	, Mr
	24 FL	JNERAL DIRECTOR						25a. DATE	RECID-BY R	STRAR	25b. RESIST	ARSSIGNA	TURE P	desirant.

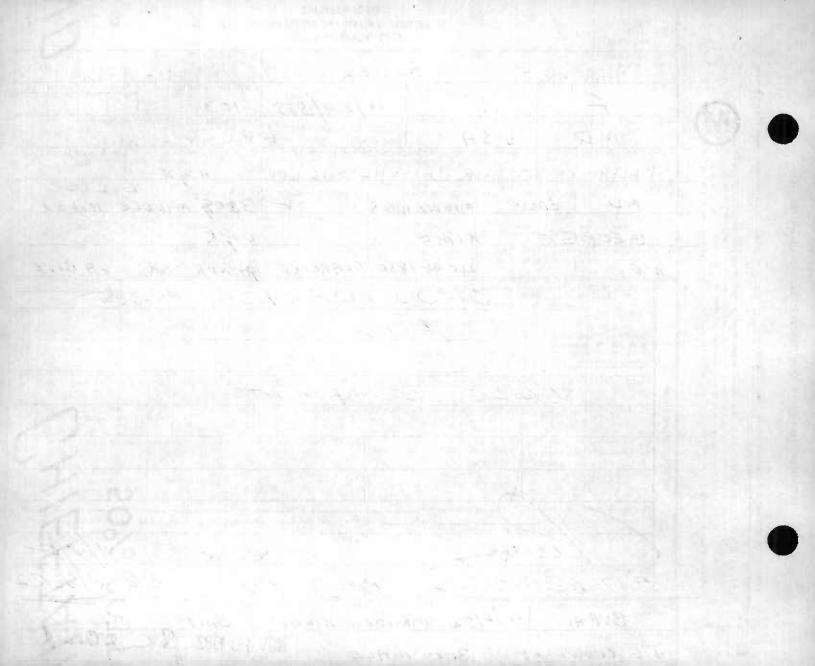
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Mac Nabb Catonsville, MD Funeral Home,

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	1.	FOR STATE REGISTRAR	D	EPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 2	28943
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equires that the death certificate in signed by the attending physici. Then please remove carbon paper to burial, cremation, or removal. injury, or other traumatic event, the	N	PART I. DEATH WAS CAUSE  4292 IMMEDIA  Conditions, if ony, which gove rise to immediate couse (o), storing the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CO	NSEQUENCE OF	2	PTO RY A	ITION GIVEN IN PART I 10
bee prior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR		N WAS PERFORMED	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \text{NO} \)
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OR ATTEN he hospital DIRECTOR. oched for us Dept. of He if Item 21 is		220.1 certify that (1) (this hose southe deceased diverse of the deceased dive		h. 19, or	DEGREE	m death occurred on the dat	, 19, that (II (we) lost te and hour and from the causes stated
TO HOSPITAL etoined by the TO FUNERAL thould be deformed the Stote with the Stote the TO FUNE STOTE WITH STOTE WITH STOTE STOT		33/7 BCZ	AIR RI	2- 1.	ACTO 1	us	OR RIVERA
000BP		SPECIFY) BURIAL	11/6/82		EMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	-	JNERAL DIRECTOR  NAME CONNEL	4 30	O MAC	30	JV 10 1982 A	JUNE DE LA LINE



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DHMH - 16 50M 4/B2

(VRA 15, 4)

4905 York Road Balto., MD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💝 😕

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ul E., alto., vertec	\ ount	11/2/82 Cheen W. Jegkine & on	Oren ation

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) Andrew Realbuta DEATH MATED 82 4. RACE DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHOAY) PRONOUNCED White 18.1915 1:02A To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mary Land Baltimore City 12b. KIND OF BUSINESS 10 CITY OR TOWN OF DEATH Merchant Marine Baltimore City Hospital 13-2000 Doll Ave. Balto. Md. 21237 Maryland 13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME MIDDLE DIVISION Mr. Nickolos Sollos. 1209 Old Joppa Rd. 217-14-6019 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T 101 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E DEPARTMENT OF YES [X NO [ 21a. EXTERNAL CAUSE WAS 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR precipiated from window CONTRIBUTING CAUSE OF DEATH 211 LOCATION PAGE 4 SHOULD BE FOR THE TO FUNERAL DIRECTOR: PAGE 3.
TO FUNERAL DIRECTOR: PAGE 3.
AFTER DEATH, WITH THE STATE DE BAETIMORE, MARYLAND, 21201 F. hospital Room399 BaltoCityHospBldgA, Balto, Maryland 220 I certify that I took charge of the remains described above, held or Inquiry death resulted fram-Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 11/9/82 SIGNATURE Hormez R. Guard, M.D. 111 Penn Street, Balto., MD 21201 EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE Maryland emeteru 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR SEGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Mc ully Funeral Home, 130 ort Ave. Balto. Md. (VR A15 ME (5) 20M 4/82

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## STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HYGIENE

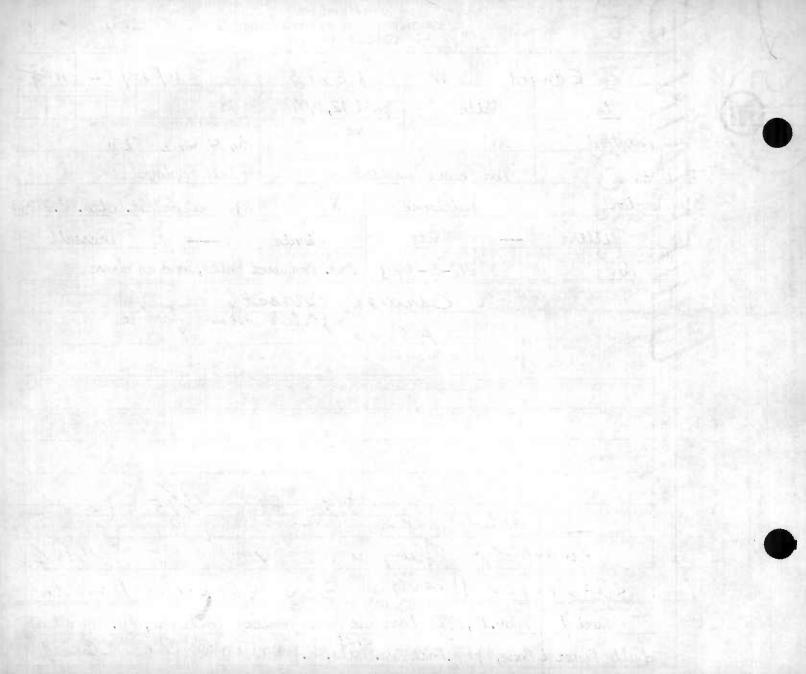
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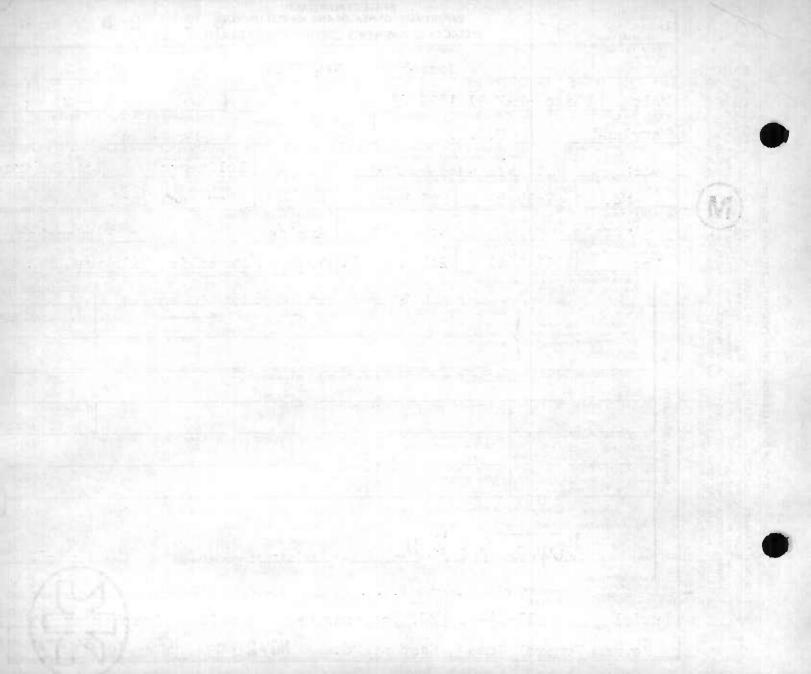
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F	EMALE	WHITE	NON		66	YRS.	MONTHS DATS	HOURS MIN.
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I	1AR4LAND	U.S. A.	WIDOWE		BALTIN	MORS	CITU	1 M
10. 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI		R OTHER INSTITUTION	120 USUAL OCCUPATION	ON	126. KIND O	F BUSINESS OF
B	ALTIMORE	527 Tun	BRIDGE	ROAD	CLS RK	WORKING LIF	SOCIA	1 SECURT
13a.	JAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ÚNR	RIDGS	Roal
14 F.	ATHER'S NAME	MIDDLE LAS	1	15 MOTHER'S MAIDEN NA	ME			
	EI - MII O	okman Bai		VIRCIO	WIDDLE	(	BROAD	RIT
16a \								
	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		FAMILY	RECORD	5		
CERTIFICATION	Conditions, if any, which gove rise to immediate couse iol, stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO.	DUE TO, OR AS A CONS	SEQUENCE OF REINC SEQUENCE OF			DITION GIV	vnk	
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	220.1 certify that (1) (then saw the deceased alive an above, (1) (no. (dd o) (dd no. 270. 316) ATURE	Nov 14,	.19 <u>87</u> , on	d that in (my) ( componion of the compon	MEDICAL STAP	te and hou	22c. DATE S	SIGNED
	MARTIN L	Sin Gewa	LD, MD	11 E-CHI	ASE ST-B	ALTI	mere 212	, md-
23a	BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE

24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4)

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STATE OF MARYLAND

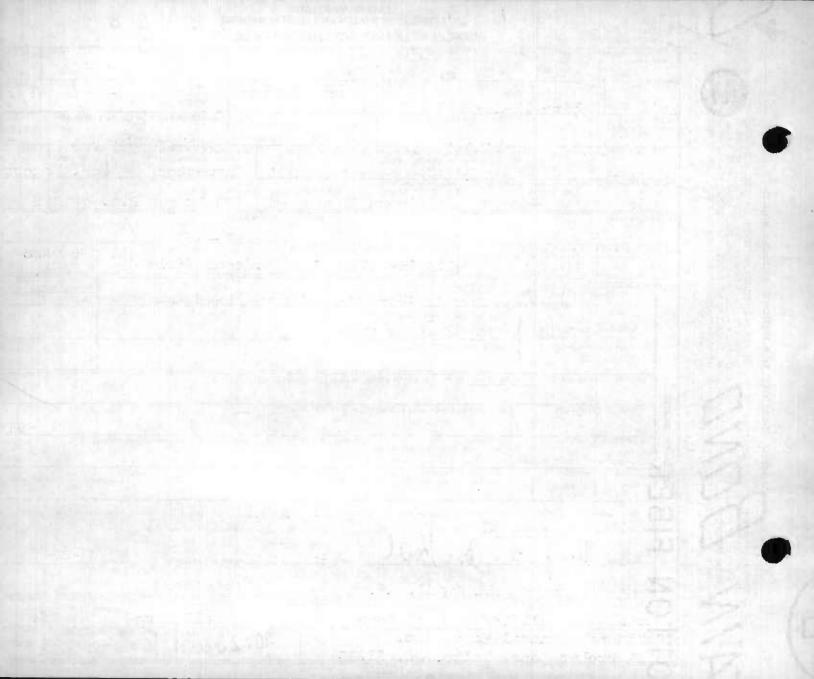




STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20 DATE OF DEATH MONTH DAY YEAR 2h HOUR TYPE OR PRINTE M. 5. DATE OF BIRT AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 1922 Jan STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED WIDOWED 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING I Baltimore Industrial 30. STATE 13e. STREET ADD 21030 Chapel Hill, N. C YES NO OR UNKNOWN) 187-18-9420 Mr. Mark C. Remington, Route 3, Box 334E APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY. INCREASED vessure. Intracrawing IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Subdunal Conditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Subdural 11-13-87 NOF YES [ 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 1952 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 22a.l certify that (1) (this haspital) attended the deceased from saw the deceased alive an. and that in (my) (our) opinion death occurred on the date and haur and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING 11-15-82 PHYSICIAN DIRECTOR PHYSICIAN MPORTAN 22d. PHYSICIAN'S NAME (THE COMPANY 22e ADDRESS the the E. MANGIANTE 230 BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) 11/17/82 Westview Crematory Baltimore Cremation Maryland DHMH - 16 50M 1/B1 Lemmon-Mitchell-Wiedefeld, Inc. 10 W. Padowill Rd. (VRA 15, 4)

The Saleto College the - 10315 Hilleria West THE PORT & College From 1 to the 1 Kind we have with the state of the second of the state of molyand care all a company of the company to the co From out-rice Harristeld, Inc. 10 V. Sandris H. Car and Aller and

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<b>EXAMP</b>	3. SEX	4. R	ACE 5.	DATE OF BIRTH			DER 1 YR. IF UNDER		DATE NOUNCED	11-2	1_Q2	6:48P	
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33, 15/2/	7a. BII	RTHPLACE (STATE	OR 7b	CITIZEN OF WH	AT COUNTRY?	8. MADD	ED NEVER MARR	9. BA	LTIMORE CITY	OR COUNTY	OF DEATH		
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9 99 8 8 P	Wesley 160. WAS DECEASED EVER IN U.S. ARA			Renner  ED FORCES?   166 SOCIAL SECURITY NO.			17. INFORMANT	unkn	OWN	Ç.	Patapsco Ave.		
A STANDER A	160. VV	S, NO, OR UNKNOWN)	(IF YES, GIVE WAR	ORDATES)			77		/ FITT	8 E.	Patap	SCO	
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WITH WITH	6.3		110 1 :	12 A	Ulda. 1	1	TITLE (SPECIFY)						
A PER		ACTUAL SIGNATURE	mumm	to M	~ Jour		D. Assistan	MEDICAL	EXAMINER	SIGNED	11-22-	82	
DIC NER ST	-		1		1000								
MEDI GE 4 FUNI	1	EXAMINER'S NAM (TYPE OR PRINT)	Margar Margar	ita A. H	Korell, M	1.D.	ADDRESS1	11 Penn	Street				
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STABBALTIMORE, WARYLAND, 2		JRIAL, CREMATION					RCREMATORY	23d. LOCATI	ON	COUNT	[γ ς	TATE	
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DHMH - 17	24 S	Chimune			e, Inc.	1 17	25a. DATE	RECID BY REGI	STRAR 256 REC	ISTRAR'S SK	GNATURE		
(VR A15 ME (5))		331 Bre		70011233		21213	, IN	CPAC	382	· any	In Cami	el	
0011 1/00			THE CHIL		Later Pills								



V	1.	FOR STATE REGISTRAR		DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL H' RTIFICATE OF DEATH	YGIENE 8 2	2. NO.	8 9	5
Med h		CEASED NAME BRIEFIED BESSIC	geh V	DLE T	Zennie	20. DATE OF DEATH	11 -	1 82	1230 PA
35	a. SE	F.	4. RACE		ATE OF BIRTH	6. AGE INVERSIAST	YRS.	ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
M	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	wic	ARRIED   NEVER MARRIED   DIVORCED   DIME OR OTHER INSTITUTION	9. BALTIMORE CITY	. me	e.	MD BUSINESS OR
37	6	Parts, AL RESIDENCE LIF NURSING HOME OF	Merch IN SUCH FA	CILITY, GIVE STREET ADDRES	spital		ST OF WORKING LIFE		BUSINESS OR
though the standard to the sta	30	STATE 13b. COUI	NTY	Partown	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN N	1430	Hou	heet.	St.
300	1	Michael NAS DECEASED EVER IN U.S. AF	MIDDLE FORCES THE	WCIAL SECURITY	Mary	O House	DRESS 1	LAST	111
s. Pages 1			VE WAR OR DATES)	315-C	7-6854 H	7 Mous	Wrej	1-6de	ATE INTERVAL NSET AND DEATH
l by the affending phy sose remave corbanpo al, cremotion, or rema r ather traumatic even		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR A	S A CONSEQUENCE		Arrest		11/7/	82
Then ple r to buric injury, o	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONT	TRIBUTING TO DEAT	BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CO	ONDITION GIVE	EN IN PART 110	
dws ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	200 AUTOPSY?	YES NO NO NO ERTIFYING CAUSES OF DEATH				
Mentol Hygie or Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. P.M.	MONTH DAY	YEAR	URRED (ENTER NATURE OF I	NJURY IN ITEM 18 PA	ART   OR PART 2)	
alth and M morked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF (AT HOME. STREET,	INJURY FACTORY, OFFICE, FARM, E	211. LOCATION STREET	CITY O	NOON	COUNTY	STATE
d for use t. of Heal m 21 is m		22a. I certify that (1) (this hasp sow the deceased alive or above, (1) (wer (aid yid and			, and that in (my) (our) apinion	on death occurred on the	dote and hour		
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should be det		RICHARD L	- LINTL	icom ill	MERCY	Hospitali	- BAC	T. We	ol.
	230.	BURIAL, CREMATION, REMOVAI	236 DATE 11/10/	82 Ne	W Cartedia	THE LOCATION EITY OR TOWN	uden	ik a	STATE
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		CEASED NAME FIRST	MIDDLE		LAST	2a. DATE OF DEATH MONTH	DAY YEAR 25 HOUR
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O 0	3. SE	X	4 RACE	5.	DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR UP UNDER 24 HRS
		Male	White		Dec. 26,1898	83 YRS	MONTHS DAYS HOURS MIN.
A 1	H, B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8		RAITIMORE CITY OF COUN	
#		Maryland	USA		MARRIED NEVER MARRIED	P. Thimama C	
9 114	10 C	ITY OR TOWN OF DEATH			IDOWED DIVORCED DIVORCED	12a. USUAL OCCUPATION	126 KIND OF BUSINESS OR
_ # # #/	1		(IF NOT IN SUCH FACILITY, GIV	E STREET ADDR	(ESS)	ETYPE OF WORK FOR MOST OF WORKING	HEEL INDUSTRY
20	1	Baltimore AL RESIDENCE (IF NURSING HOME OF	St. Agnes			Budget Directo	or State Gov't.
ND 21	13a :	ryland	NTY 13c CITY C		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 143 W. Lanval	e St.
The second of th		ATHER'S NAME		O ELINO E C	15. MOTHER'S MAIDEN N		
MAR)		James G. Rer	nnie	AST	Ida Bake		LAST
ecut d co licol		WAS DECEASED EVER IN U.S. AR	UE WAR OR OLITES	L SECURITY		ADDRESS	
Ithou		YES NO OR UNKNOWN) (IF YES OF	VE WAR OR DATES) 218-	36-780	Ol Mary Jane Re	nnie Same	
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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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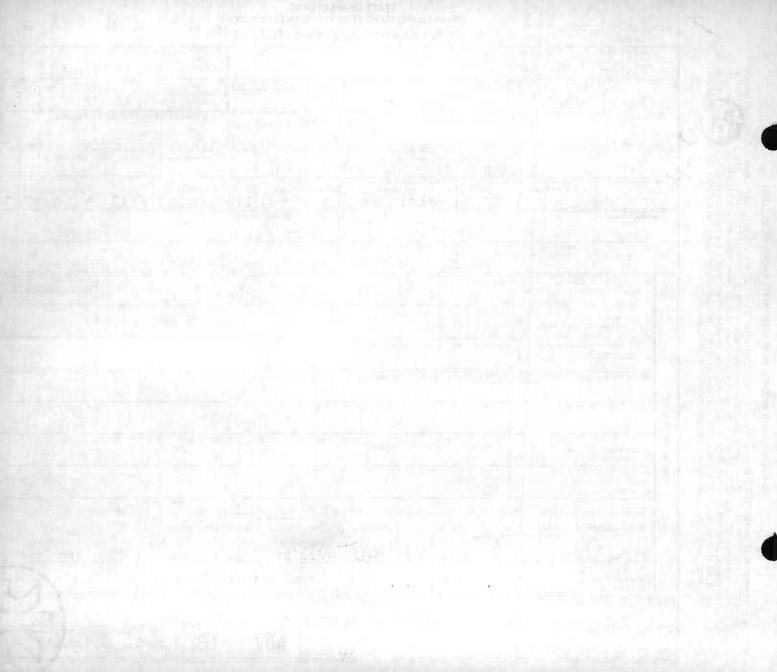
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

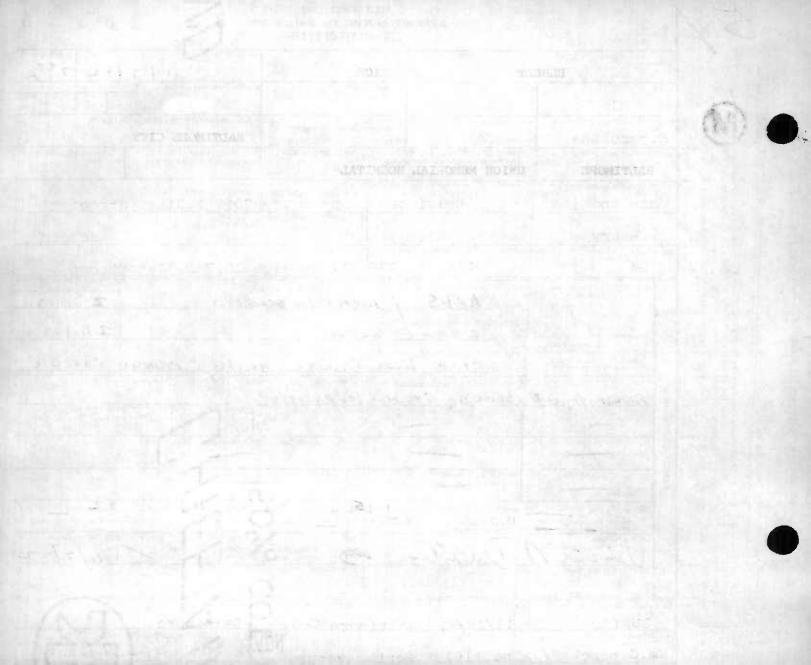
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFIC REGISTRAR REG. NO DECEASED NAME 26. DATE KNOWN X MONTH 26. HOUR [TYPE OR PRINT] ESTI-DEATH MATED Elder Russell Rhone 12 1982 12:20 a.m 4 RACE . DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DAY DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED Black 3 DEAD 1982 male 04 78 RS 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH SIRTHPLACE (STATE OF MARRIED NEVER MARRIED Virginia Baltimore City, USA WIDOWED T DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Baltimore South Baltimore General Hospital UAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI a STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 1136. COUNTY Maryland Baltimore YES X NO 11102 Driud Hill Ave. Apt707 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Moses Rhone Harriett Travers 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 705-10-7101 No Amanda Hooper 3915 Calloway Ave 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 210 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY LATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC. 1 STREET CITY OR TOWN COUNTY STATE WHILE WHILE NOT WHILE Inspection XX 220. I certify that I took charge of the remains described obave, held on Autopsy death resulted Irom Natural couses X Undetermined monner TITLE (SPECIFY) Assistant 1 - 2-82 Dennis F. Smyth, III Penn Street EXAMINER'S NAME AFTER TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Mount Auburn Cem-BURTAL Baltimore **PM** 24 FUNERAL DIRECTOR DHMM - 17 (VR A15 ME (51) Wm, C, March F/H Inc. 1101 E. North Avenue

20M 4/82



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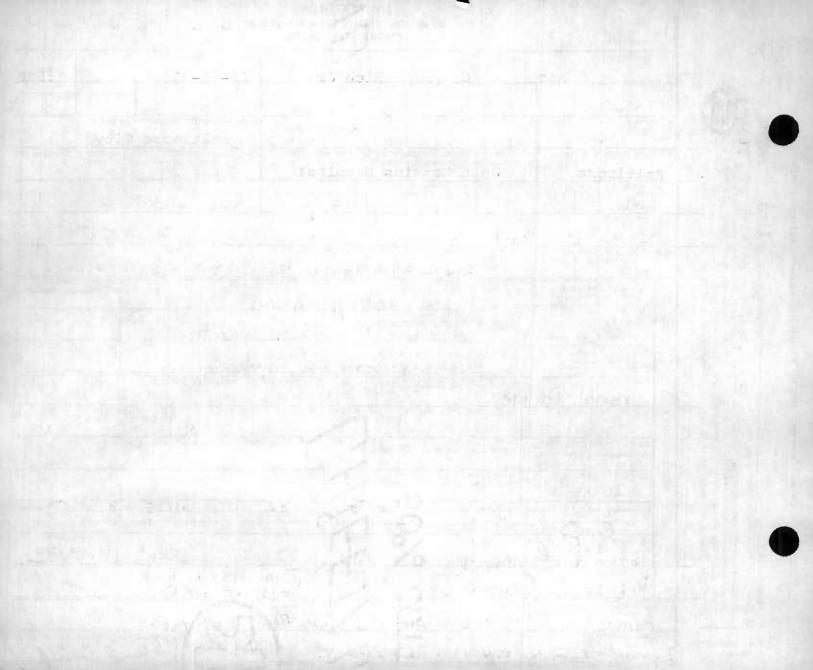
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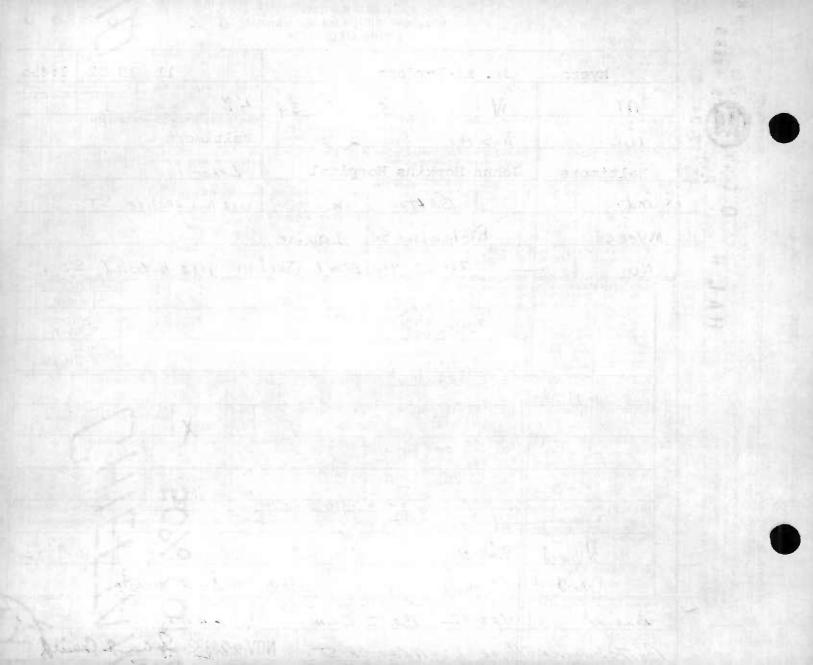
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21	ra B	IRTHPLACE   STATE OR FOREIGN		WHAT COUNTRY?	8. MARRIET	NEVER M	ARRIED	9 BALTIMORE CITY	OR COUNTY O	F DEATH	
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1/2	10. €	ITY OR TOWN OF DEATH		OSPITAL, NURSIN		R OTHER INST	ITUTION	120 USUAL OCCUPAT		12b. KIND OF BU	USINESS OR
10		Baltimore	St. Ag	nes				Carpenter		Revere	Co.
21	la. S	AL RESIDENCE (IF NU EN E OR STATE	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CI	TY HAARTS?	13e. STREET ADDRESS	7983 P	hirne Rd	Fact
00		Maryland		Anne Aru			NOX	ISE. STREET ADDRESS	Glen B	urnie, M	id 2106
6	14 FA	ATHER'S NAME	MIDDLE	t AST		15 MOTHER'S					
1		John	•••	Rick	etts	Ann	a a	WIDDLE		Desmo	bnd
6		WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMAT	VĪ	798	ESSPhirm	e Rd., E	agt
1		No No	E WAR OR DATES]	216-01-2	2284A	James	Smith			e,Md. 21	
		18 CAUSE OF DEATH (Enter on	ly ane cause per l	line far (a), (b), and	d Ici.i					APPROXIMATE BETWEEN ONSE	
		PART I. DEATH WAS CAUSE	D BY:	netas	1 1	ic 1	una	carcina	Ma	920	1
3112		1629		AS A CONSEQUE	NCE OF						
TO TO		Canditians, if any, which	( (b)	AS A CONSEQUE	INCEOF						
		gave rise to immediate cause (a), stating the	DUE TO OR	AS A CONSEQUE	NCEOF						7
		underlying cause last	( 10, OK	AS A COINSEGUE	INCEOF						
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR COM	ADITION GIVEN	V IN PART 1(g)	
2	<u>N</u>										
1	ICATI	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATION	WAS PERFOR	RMED	20a AUTOPSY?	20b. IF YES,	WERE FINDINGS	USED
0	CERTIFI							YES NOTE	YES	NG CAUSES OF	NO [
0	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF		AY YEAR	21c. HOW INJ	IURY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAR	T I OR PART 2)	
7	CAL	OR CONTRIBUTING CAUSE OF DEA	In .		19						
/	MEDICAL	21d INJURY OCCURRED	21e. PLACE C	OF INJURY	576.	21f LOCATIO	N	CITY OR T	OWN	COUNTY	STATE
	2	AT WORK AT WORK	(A) HOME SIRE	ET, FACTORY, OFFICE, F.	AKM EIC J	318221			, , , , ,	0 )	317.10
		22a I certify that (I) (this haspit		deceased fram_		30	, 19 60		0 15	, 00 , that	(we) last
7		saw the deceased alive an abave, (1) (we) (did) (did no	ll view the bady of		0 d. an	d that in (my) (	aur) apınian o	death accurred an the o	late and haur c	and from the caus	ses stated
b		226 SIGNATURE	0	/		DEGREE				22c DATE SIG	NED
		Kill	11/1	CINGE			TTENDING HYSICIAN	MEDICAL STA		11/3	60/0
7		224 PHYSICIAN'S NAME THE O	ming			22e ADDRESS	-				
		TAR TO TO	1			1000					
		BURIAL, CREMATION, REMOVAL	23b. DATE	23 c. N	NAME OF CI	METERY OR C	REMATORY	23d LOCATION			
		(SPECIFY) Burial	12/02	/82 G	ardens	of Fa	ith	CITY OR TOWN	Bal	timore,	Md .
31		UNERAL DIRECTOR						REC'D. BY REGISTRAN			
3.53	Wa	alter Dabrowski	- 1005	Dunda Ik	Ave,	21224	UE	3 1982	John	- Law	uy

BP\_\_\_\_\_ DHMH-16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely finited be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 share with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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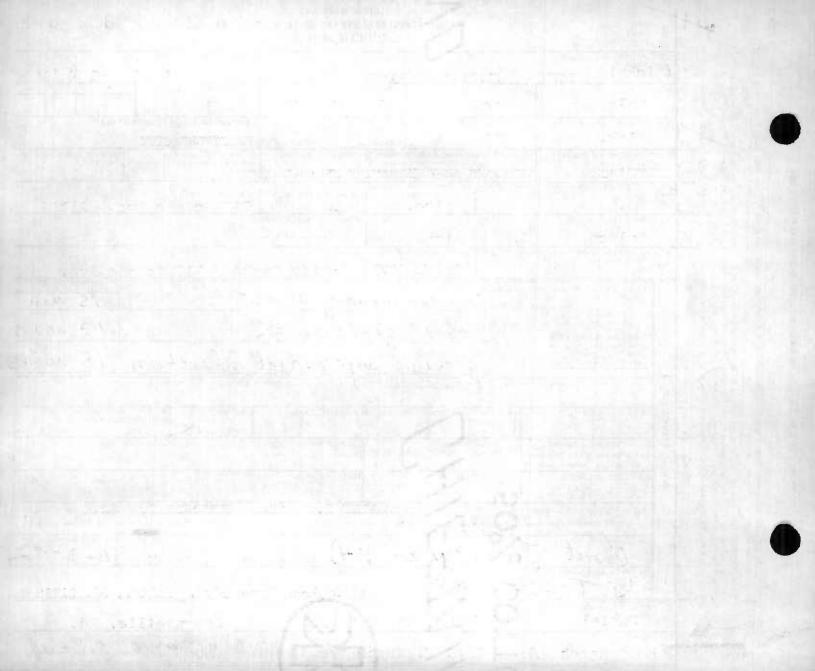
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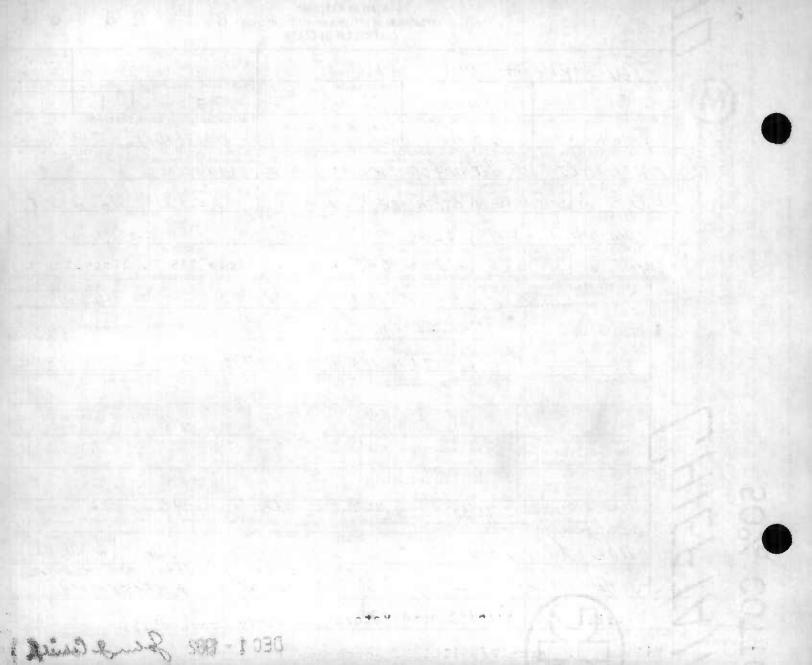
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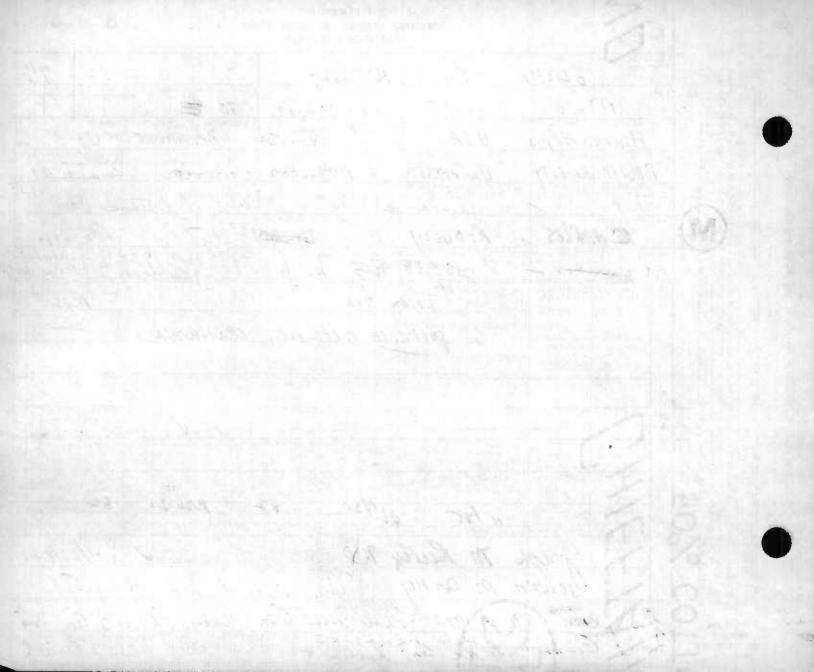
(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE





1.1		1			STATE OF MARYLAND	0 0	28960
P		1.	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	GIENE O &	F 0 7 0 4
		1. DE	CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26 HOUR
	ay be		ORPRINT) ELISHA	R.	RIDGELY		11 25 82 7 pm
	E E	3. SE		RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	age 4	1	Male	in Lite	06-02-12	70	YRS.
	neral di		RTHPLACE (STATE OR FOREIGN 76 COUNTY)	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED	BALTIN BALTIN	RECOUNTY OF DEATH MORE CITY MD.
	the for de with	10 C	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATE	ON 126, KIND OF BUSINESS OR WORKING LIFE)
1201	hours o	เซริบ.	THE I I WORKE CITY	IN VERSITUTION, GIVE RESPONCE BEFO		tayente	2 deca # 101
AND 2	n 24 h	13a. 3	nel - 136 COUNTY	Della.	Real YES NO [	130 STREET ADORESS	Ostend St. 21223
MARYL		D FA	THARLES MID	4. RidGELY	15. MOTHER'S MAIDEN NA	4 English	Doseles
ORE,	ond co	16a V	VAS DECEASED EVER IN U.S. ARME		CURITY NO. 17. INFORMANT	ADDRE C	55 16 822 Trestrict fly
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T., BA	physic physic an pape emaval.		PART I. DEATH WAS CAUSED B	T.	ANITION	U	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  MAS.
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ESTO	attend nave ca otian, o		Conditions, if ony, which	(b) Drt-/	PALLE Methotalic	carcun	la ===
W. PR	or the		gave rise to immediate cause (a), stating the standardying cause last.	DUE TO, OR AS A CONSEC			
, 201	riole or		PART 2. OTHER SIGNIFICANT COM	(c) NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONE	DITION GIVEN IN PART 110
RDS	n sign The	CERTIFICATION					
RECORD	ow ramif.	S	19a. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
	The lion.	E				YES NO V	YES NO
DIVISION OF VITAL	physicient infricate il-transit oil Hygien il 8 sh	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART T OR PART 2)
Z	PHYSICIA ending p this certif te byrial- nd Menta d ar frem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211, LOCATION		
VISIO	ING PH ir after this as the k Ith and I	WE	WHILE NOT WHILE AT WORK AT WORK	LAT HOME STREET, FACTORY, OFFICE		CITY OR TO	VN COUNTY STATE
ā	ENDIN fol or OR: Aft r use of Health		22a.1 certify that (1) (this haspital)	ottended the decresed from	11/20 19 8	2 10 NOV	25 19 82 , that (1) (we) last
	TTEN Pirtof TOR for u of Hu		saw the deceased alive on obave, (I) (we) (did) (did nat) v	iew the hady after death	ond that in (my) (our) opinion	death occurred on the do	te and haur and fram the causes stated
	OR A boliked oched Dept f frem		22b. SIGNATURE	. 0.	DEGREE		221 DATE SIGNED
	Al CAL Detacted		Mount	In Rece	ly MD ATTENDING PHYSICIAN	MEDICAL STAF	
	FO HOSPII eroined by TO FUNER should be with the St		22d. PHYSICIAN'S NAME ( THE OR PR	+ m. Duill	22 DDRESS	+ + 2.	Hostel
400	MPP (MPP)	72- 1	BURIAL, CREMAJION, REMOVAL	23b. DATE 22	HAME OF CEMEJERY OR CREMAJORY	123d LOCATION	- Grand
21	02BP	1	LILLE CREMATION, REMOVAL	11-29-1982	redar Hell GA	2. Bhly	P.L. G.G. Co. Had.
	DHMH - 16 50M 4/82	PQ	JUNERAL DRECTOR	l (20lto in)	21223 1500	FC 1 1000	256 RESISTRAR'S SIGNATURE
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3	FOR STATE REGISTE	AR		DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL FICATE OF DEATH		8 2 REG. N	2	8 9	6 5
	1 DECEASED N			MIDDLE		LAST	20. D	ATE OF DEATH	MONTH DAY	YEAR	26 HOUR
4 8 8 A		AR	THUR JO	HN	RIL	EY			11 19	12	10:26AM
	3. 5EX	- 10,000	4 RACE		5. DATE (		6. AC	E (IN YEARS LAST BIR	RTHDAY} IF	UNDER I YEAR	IF UNDER 24 HRS
(2)	MALE		WHIT	E		RUARY 20,19		70	YRS.	DATE	MIN.
	THPLACE CUNTRY) RYL	(STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY A	P 8 MARRIE	D NEVER MARRIED  DIVORCED		BALTIMORE CITY OF			MD.
1 1 44	BALTI		(IF NOT IN SU	TON MEMO	RIAL H	OSPITAL	(TYPE	USUAL OCCUPAT E OF WORK FOR MOST O BARTENTE	OF WORKING LIFE)	126. KIND OF INDUSTRY	BUSINESS OR
35	MD.		OR OTHER INSTITUTION UNTY	13c. CITY OR TOY BALTIMO	re admission) NN RE	13d INSIDE CITY LIMI YE <b>X</b> NO	] 4:	STREET ADDRESS	OURT RD	. 212	14
i liden	14 FATHER'S N	ST	MIDDLE	LAST		15. MOTHER'S MAIDE	EN NAME	WIDDIE		LAST	
	ARTH		JOHN	RILEY		EDNA				CHAUB	
0 de 0 de 1	(YES, NO OR U		ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SEC		17. INFORMANT		ADDR			
4 5 5/	NO	E OF DEATH (Enter		216-03-		ANNA L. RI	ILEY 4	4317 HAR	COURT R		14  MATE INTERVAL NSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 INC PRYSKIAN. The law requires that the death certificate be executed within 24 in offer this certificate but been squeed by the attending physician and sampletup in the art the burief transfer prior to busine the first please tremove carbon above. Pager 1 and 2 should the odd Meetal Hygiene prior to busine I certaining an errors all and 2 should arked or then 15 signs any littury, or other traumatic event, the medical and several.	gove ri cause underlyi		(b)	R AS A CONSEQUE	JENCE OF	NOT RELATED TO THE	E TERMINAL I	disease or con	DITION GIVEN	IN PART 1(o	
AL RECC	PIE	OF OPERATION			H OPERATIO	N WAS PERFORMED	YE	S NO	IN CERTIFYIN		
SKIAN rig physic certificat rical-tran serial fly	OR CONTR	ENT WAS UNDERLYING IBUTING CAUSE OF E NOTIFY MEDICAL EXAMIN	DEATH HOUR A.	m, month [ m.	AY YEAR	216 HOW INJURY OF	CCURRED (	ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
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ATTEND oppital or ECTOR. u of for use of Heal	obov	ify that (1) (this has the deceased alive on e, (1) (we) (did) (did				nd that in (my) (our) op	pinion death	accurred on the d	ote and hour a	nd fram the c	
TTAL OR PATTER OR PATTER OR PATTER OF THE DEG	22b. SIG	Zoven K	Str	ny n	nn	DEGREE ATTENDI PHYSICI	ING ME	DICAL STA		22c. DATES	i /SZ
O MOSPIT claimed by TO FUNER (hould be a with the Six	m	PRIC	STNO	MBERG		220 ADDRESS Union		morsul	Has	pita	1
100	(SPECIFY)	EMATION, REMOVA				EMETERY OR CREMAT		d LOCATION CITY OF TOWN		OUNTY	STATE
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D∦MH - 16 50M 1/B1 (VRA 15, 4)	NAME	LL-WIEDE	FELD HOME	ADDRESS 6500 YO	ORK RD	. 21212	NOV2	3 1982	o hu	2 Com	uf !

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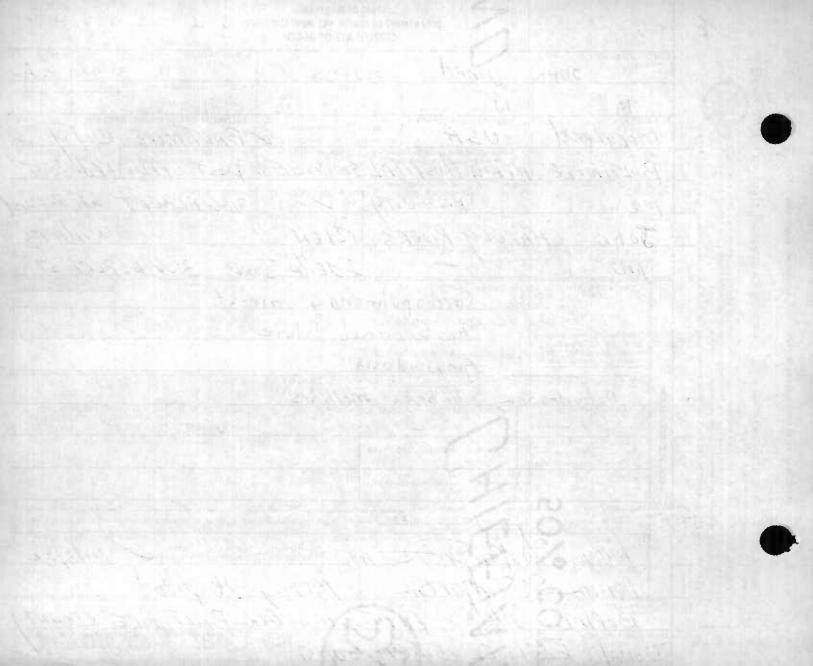
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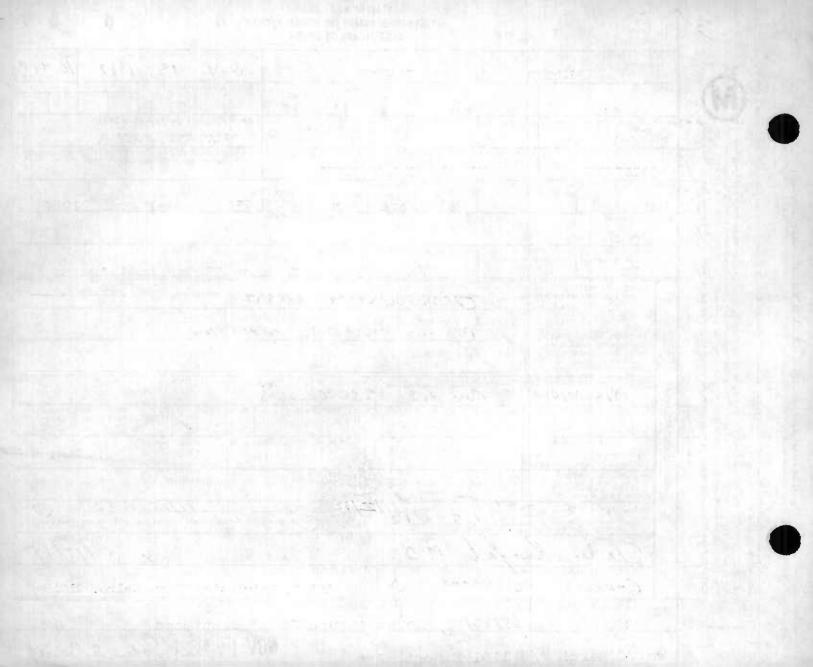
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		FOR	DEPART	MENT OF HEALTH AND MENTAL HYC	GIENE OZZZO 7 O	1
	11.	- STATE		CERTIFICATE OF DEATH		
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4	1	COUNTRY)		MARRIED NEVER MARRIED		
9				WIDOWED   DIVORCED	BALTIMORE CITY	MD.
ě z z	10 C	ITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	SOR
- d	T 1	BALTIMORE	JOHNS HOPKI	NS HOSPITAL	(TIPE OF WORK FOR MOST OF WORKING LIFE)   HADOSTKT	
130			OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR			
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3 4 10		ATHER'S NAME	DALTIM	13. MOTHER'S MAIDEN NA		71.7
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EH & MES	=		1 244200		APPROXIMATE INTERVI	
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		4300				
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DR.		Conditions, if any, which gave rise to immediate	(p)	120		
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	1 5	all	quet, su	gare		
MAR MAR	S	190 DATE OF OPERATION	196 CONDITION FOR WHICH	PERATION WAS PERFORMED	206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH	2
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HY HY A W A A A A A A A A A A A A A A A A A	00	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f LOCATION STREET	CITY OR TOWN COUNTY STA	TE
VISIG	Z	AT WORK NOT WHILE	TAT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)		
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d b be be be step be a ste	1	22d. PHYSICIAN'S NAME (TYP)	OR PRINT)	226 ADDRESS	0 11 10 11 1	1177
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5 5 5 5 5 3 3 T	222	BURIAL, CREMATION, REMOVA	AL 236 DATE 23c	NAME OF CEMETERY OR CREMATORY	123d LOCATION	_
11116		(SPECIFY)		INME OF CEMETERS OR CREMATORY	CITY OR TOWN COUNTY STA	TE
BP		Removal	11/23/82			
DHMH-16 30M 2/80	24 F	UNERAL DIRECTOR		25a. DA	TE REC'D, BY REGISTRARIZED REOTS RAR'S SIGNATURE	. 1
(VRA 15, 4)		Anatomy	Board	Balto., Md.	WUV 30 190k John of Cohe	4
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			STATE OF MARYLAND	0 11 0	0 1 4 2
10	FOR	DEPAR	MENT OF HEALTH AND MENTAL HY	GIENE O L	0 9 0 0
P	- STATE		CERTIFICATE OF DEATH		
	REGISTRAR			REG. NO.	
	1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
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7 4844	3. SEX	1. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
1 1 1 1 1 1	3. SEA	4. RACE	MONTH DAY YEAR	W. AGE (INTERNSTRUCTION	MONTHS DAYS HOURS MIN.
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A STATE OF THE PARTY OF THE PAR	TO. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8	9 BALTIMORE CITY OR COUNTY	OFDEATH
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4 11 -6	MARGLANG	0311	WIDOWED DIVORCED [2]		C119 MD.
offer of the f	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LI	126. KIND OF BUSINESS OR
by th	BATTIMODE	MERICA HOSE	17A1. 300 (PLUFE)	Post office	
20 urs	LIGHT AT DECIDENCE IS NURSING HOA	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	IDE A DANIES (DAI)	1 4021 0/1/6.	- Training
LAND 2120 Inin 24 hours should be fill must be	13a. STATE	DUNTY 134 SITY OR TO	WN 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	
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rthin thin thin in the	14. FATHER'S NAME		15. MOTHER'S MAIDEN N		
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De la	2 Venyar	ation Plabe	as mellins	Ton ANYONG YOUR AREAS	C MERCENIAN IOC HAS
RECORDS low requi	DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
- se 4 de 5	= -			YES NO YES	S NO
VITAL N: The sysicio consit Hygie Hygie	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
SICIAN:  9g physical certifical certifical ental Hy lem 18:	OR CONTRIBUTING CAUSE O		DAY YEAR		
ON OF IYSICIA ding pl ding pl	(IF EITHER, NOTIFY MEDICAL EXAM		19		
Of hes	21d. INJURY OCCURRED	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f LOCATION	CITY OR TOWN	COUNTY STATE
DIVISION OF VIT	WHILE D NOT WHILE DAT WORK	(AT HOME, STREET, PACTORY, OFFICE	, rasm, esc.)		
				2 to 11/3	19 5 2 . that (1) (we) lost
		ospital) attended the deceased from	0.		
OR ATTEN DIRECTOR. DOMECTOR. Dept of Hem 21 is	saw the deceased aliv	on19.	, and that in (my) (our) opinion	n death occurred on the date and ha	or and from the couses stated
OR A DIRECTOR A PORT OF A	27h. SIGNATURE	114	DEGREE		MIL DATE SIGNED
3 5 3 6 8	hymne	1 By Hand	MA ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/2/83
HOSPITAL ned by th FUNERAL UID be detected to the Store ORTANT: F	THE PHYSTEIAN'S NAME IT	10/11/11/11/11	Me. ADDRESS	DIRECTOR PHYSICIAN	11/3/00
d b	12 PHI SICIAN STIAME II	61.6	FIG. ADDRESS	11 /	
	Worldn	) DTHIGK DI	- Meria	10001tal	
Of other way	230. BURIAL, CREMATION, REMO	VAL 23b. DATE / 23	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
700/00	ISPECITO DIOI	11/8/82	DOBIT I MEN PA	PU DERJOWN	E COUNTY COUNTY
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DHMH - 16 50M 4/82	24. FUNERAL DIRECTOR	NI 12 -ADDRESS	NOV	TE BEC'D. BY REGISTRAR EST. REGIS	IKAK SIGNATURE
(VRA 15, 4)	DONALL K-	SLOVER 134X	CPLHOUNS!	77 1002 8000	- O- mary
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111	1 05/	REGISTRAR CEASED NAME	FIRST	MIDE	DIF	LAS	ATE OF DEATH	2g. DATE OF DI	REG. NO.	TH DAY	YEAR	2b. HOUR
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3	3. SEX		LUESTA	W.	F	5. DATE OF		6. AGE (IN YEAR			DER 1 YEAR	IF UNDER 24
MI)		Female		Bla	ck	MONTH 2	11 24		53	VDS MONTH	HS DAYS	HOURS
1		RTHPLACE (STATE OR FOI	OREIGN 76. C		AT COUNTRY?		□ NEVER MARRIED □	9. BALTIMORE			DEATH	
0	SI	uffolk, V		USA	1	WIDOWED		BALT	IMORE,	CITY		
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35		AL RESIDENCE (IF NURSING TATE	G HOME OR OTHE 13b. COUNTY	R INSTITUTION, GIV	RESIDENCE BEFORE  C. CITY OR TOWN  Baltim		3d. INSIDE CITY LIMITS?	13e. STREET AD		el Av	e. 2	1206
and 2 sh		THER'S NAME FIRST  John	MIDDL	LE .	Walker	1	5. MOTHER'S MAIDEN N Georgian		AIDDLE		LAST	ī
S S		VAS DECEASED EVER IN	N U.S. ARMED		SOCIAL SECU		7. INFORMANT		ADDRESS			
Pages		No	(IF YES, GIVE WAR	KOR DATES)	N/A	F	Resste Joh	nson 55	09 Re	emmel	Ave	nue
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The TORECURE After in a certification in a special by the attending per definition of the state Dept. of Health and Mental Hygiene prior to burial, cremation, at ren atte Dept. of Health and Mental Hygiene prior to burial, cremation, at ren III. If them 21 is morked or them 38 shaws any injury, or other traumatic events.		Conditions, if any, gave rise to imme cause (a), stating underlying cause  PART 2. OTHER SIGNI PN GUM  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA  19 ETHER NOTHY MEDICA  21d. INJURY OCCURRE WHILE WHILE WHILE WHILE Saw the decassed above, (1) (we) did  22b. SIGNATURE	which ediote of the lost.  Which ediote of the lost.  IFICANT CONITION AND AND AND AND AND AND AND AND AND AN	DUE TO, OR A  (b)  DUE TO, OR A  (c)  DITIONS CON  19b. CONDITIC  21b TIME OF IT  HOUR A.M.  P.M.  21e PLACE OF  (AT HOME. STREET	AS A CONSEQUE  OSSIBLE  AS A CONSEQUE  OSSIBLE  ON FOR WHICH  NJURY  MONTH DA  INJURY  INJURY  ACTORY, OFFICE, F.  deceased from  Service deceased.	ENCE OF  ENCE OF  DEATH BUT N  OPERATION  AY YEAR  19  FARM. ETC.)	OT RELATED TO THE TE  SERCULOS  WAS PERFORMED  211. LOCATION STREET  that in (my (our) opinion EGREE  ATTENDING PHYSICIAN  224. ADDRESS	RMINAL DISEASE CONSTRUCTION OF THE PROPERTY OF	OR CONDITION  201  IN  E OF INJURY IN  INTY OR TOWN  The date of STAFF  PHYSICIAN	b. IF YES, WE CERTIFYING YES THE 18 PART I	RE FINDING CAUSES  ORPART 2)  COUNTY  d from the c	IGS USED OF DEATH
The ALDIKELUCK street in a certificate in 30 each signed by the attending per detached for use as the buriol-transit permit. Then please remove corbon state Dept. of Health and Mental Hygiene prior to buriol, crematian, ar ren All: if Hem 21 is morked or Hem. 8 shows any injury, or other traumatic ev	WEDICAL 23s I	Conditions, if any, gave rise to imme cause (a), stating underlying cause  PART 2. OTHER SIGNI PN GUM  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA  19 ETHER NOTHY MEDICA  21d. INJURY OCCURRE WHILE WHILE WHILE WHILE Saw the decause above, (1) (we) did  22b. SIGNATURE  22d. PHYSICIAN'S NAI	which ediote 1 the lost.  IFICANT CONIT ON AUSE OF DEATH AL EXAMINER 1 EXD IVE ON PRICE OF OR PRICE OF	DUE TO, OR A  (b)  DUE TO, OR A  (c)  DITIONS CON  19b. CONDITIC  21b. TIME OF II  HOUR A.M.  P.M.  21e PLACE OF  (AT HOME. STREET	AS A CONSEQUE  OSSIBLE  AS A CONSEQUE  OSSIBLE  ON FOR WHICH  NJURY  MONTH DA  INJURY  ACTORY, OFFICE, F.  deceased from  Seriod death.  ARB  M. 1  23.1. N	ENCE OF  ENCE OF  DEATH BUT N  OPERATION  AY YEAR  19  PARM.EIC)  DI  DI  DI  DI  DI  DI  DI  DI  DI  D	OT RELATED TO THE TE  SERCULOS  WAS PERFORMED  211. LOCATION STREET  that in (my (our) opinion EGREE  ATTENDING PHYSICIAN  224. ADDRESS	RMINAL DISEASE CONSTRUCTION AUTOPS  YES NATURED (ENTER NATURE)  MEDICAL DIRECTOR DIR	OR CONDITION  IV?  201 IN  E OF INJURY IN  INTY OR TOWN  STAFF PHYSICIAN  ON	b. IF YES, WE CERTIFYING YES TITEM 18 PART I	RE FINDING CAUSES  ORPART 2)  COUNTY  d from the c	IGS USED OF DEATH NO sthat (I) (i) causes sto



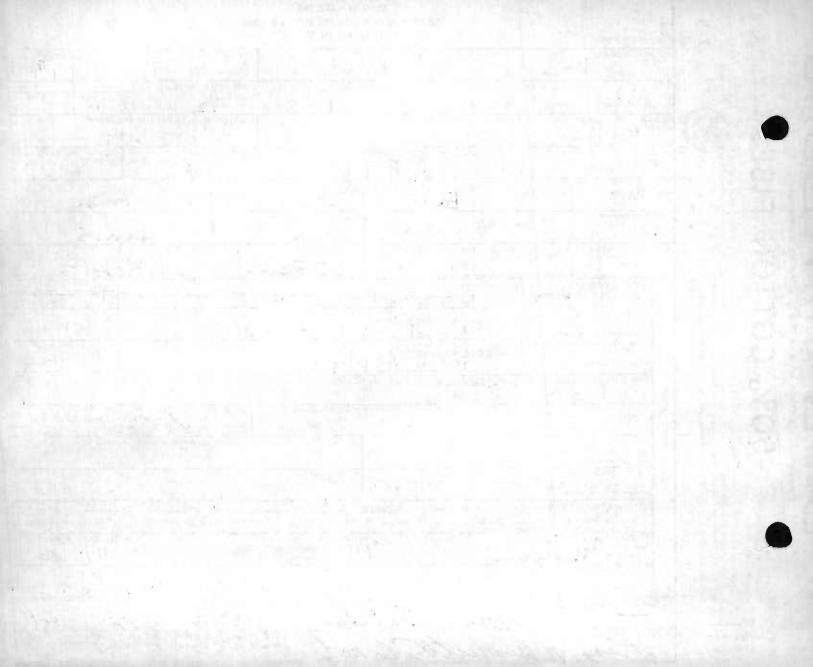
DIVISION OF VITAL RECORDS CONW. PRESTON STERATIMORE, MARYLAND 21201

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STATE OF MARYLAND

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36/1	V.	FOR STATE REGISTRAR	, DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		8 9 7 2
/ = X		CEASED NAME FIRST	WIDDLE	LAST	REG. NO.  20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
S = 1		Joh		Robins	11/29/82	3:56P M
1931	3(5E) M	Market and the second	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
1 -52 OF	la. Bl	RTHPLACE (STATE OR FOREIGN	White 76 CITIZEN OF WHAT COUNTRY?	Jan. 29, 1928	9. BALTIMORE CITY OR COUNT	Y OF DEATH
	C	risfield, Md	. USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore	City MD.
0/11/22	10. C1	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		128 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING L	126. KIND OF BUSINESS OR INDUSTRY
S UT	USU	Baltimore AL RESIDENCE OF NUTSING HOME OF	Tohn Hopki	ns Hospital	Lawyer	
2 1 155	13a S	at residence in August of August of State 21801 1 1 Court of August Office	omico Salisb	YN 13d. INSIDE CITY LIMITS?	Rt. 5 Ro Ckay	walkin Road
神能力力		THER'S NAME		15. MOTHER'S MAIDEN NA	ME	LAST
W Tolow	14 = 14	Stanley VAS DECEASED EVER IN U.S. AR	Godman Robi			oreman
WO TO THE TOTAL			VE WAR OR DATES)	7619 Mrs. Suzani	ne B. Robins	same as #13
ALTII			nly ane cause per line fár (a), (b), ar		10 21 1102110	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., BA			TE CAUSE (a) Cardie	e ament		, management of the second
he death cer he attending emave carbo matian, ar re		1417	DUE TO, OR AS A CONSEOU	()		4 ( )
PRES		Canditions, if any, which gave rise to immediate cause (a), stating the	(b) MB114		such receive	-1 6 -1041
1 W. That the that the tase reason of the rather ra		underlying cause last.	DUE TO, OR AS A CONSEOU	acenna of	arynx	
S, 20 uires i igned en ple o burro ury, o	z		/	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	VEN IN PART Tra
DIVISION OF VITAL RECORDS  NG PHYSICIAN: The law requirantending physicion.  Wher this certificate has been signs the buriol-transit permit. The thand Mental Hygiene prior to be directed or frem 18 shows any injury orked or frem 18 shows any injury.	CERTIFICATION	190, DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
NI RECON.	TIFIC	1 . /	82 Cours of G	lawors (corotid blo	IN CERTI	FYING CAUSES OF DEATH?
DF VITAL  Clan: The physicio rificote bi-tronsit tol Hygie  m 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY	AY YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART ( OR PART 2)
SION OF VI	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE		19 211 LOCATION		
DIVISION C ING PHYSIC r other this cens os the burso different ment	MEI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
a se se			ital) attended the deceased fram.	10/39 ,1982		, 19 <u>9</u> 2, that (I) (we) last
R ATTENDING hospital or other hospital or other hospital or other hospital or other hospital hospital hospital or hospital or hospital hos			11/29 at) view the body after death.		death accurred an the date and ha	
OR hy		77b. SIGNATURE	· 0	DEGREE ATTENDING PHYSICIAN I	MEDICAL STAFF	22c. DATE SIGNED
SPITAL of the specific person of the specific		22d. PHYSICIAN/S NAME (TYPE	OR PRINT)	PHYSICIAN [	DIRECTOR PHYSICIAN	111/21/0
FU THE PORT OF THE		MAC	Huss !	71+1		
	23a E	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		SPECIFY DUPING TO THE STATE OF	12/3/82 P	arsons Cemetery	Salisbury W	icomico Md.
DHMH - 16 50M 4/82 (VRA 15, 4)		olToway Fune	ral Home, Sal	isbury, Md DEC	6-1982 Joan	I Comely

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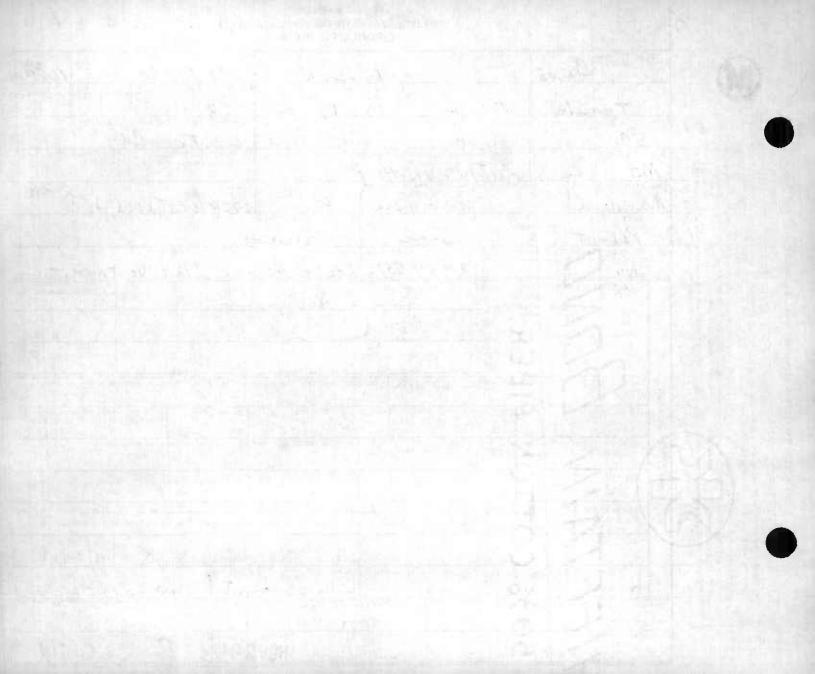
Wm.C.March F/H Inc. 1101 E. North Avenue

250 DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE

- STATE

DHMH - 16 50M 1781 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

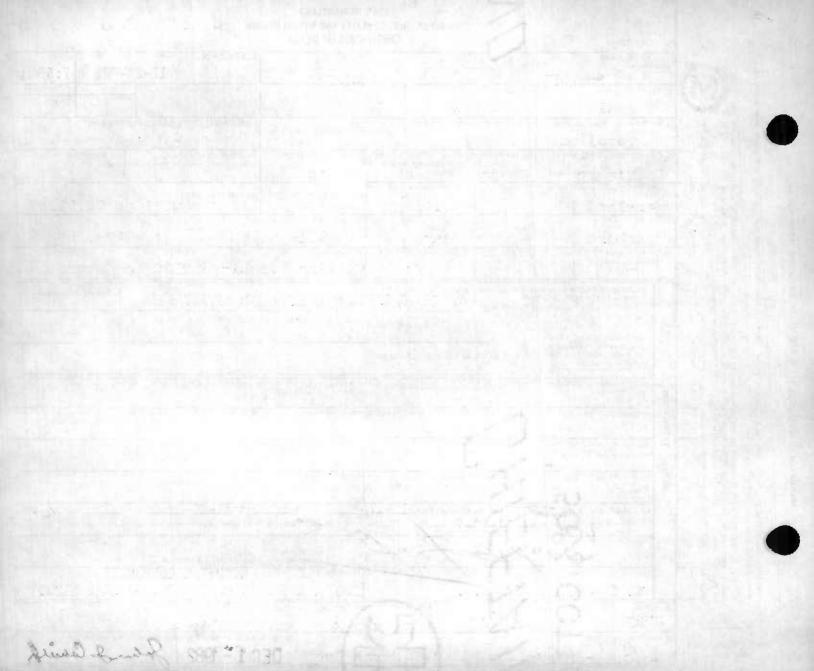


	IK	1.	FOR STATE	DEPAR		LTH AND MENT	TAL HYGIEN	2	2 8	97	4
-	MI.	1,.	REGISTRAR	MEDICAL	EXAMINER'	S CERTIFICA	TE OF DEA	TH REG.	NO.		
5	110		CEASED NAME FIRST	MIDDLE		LAST	2	DATE KNOWN	HTMOM	DAY YEAR	26 HOUR
/	保養な物は		CLARE	NCE		ROB I NSON		DEATH MATED	☑ 11-2	2/3 1982	M
	STREET SUR FILL STREET STREET	m	lale Black	5. DATE OF BIRTH	6. AGE (IN YEARS   LAST BIRTHDAY)		JNDER 24 HRS. 2	C. DATE PRONOUNCED DEAD	MONTH	4 182	12:37
-	1	Bu, B	RTHPLACE (STATE OR	76 CITIZEN OF WHAT COU	NITOVO A	ARRIED   NEVER	MARRIED A	BALTIMORE CIT	OR COUNT		
	ASLED!	Tr	enton, N.J.	U.J. H			IVORCED	Baltimore	e City		MD.
	SHR HOL	10.C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	JRSING HOME, OR	OTHER INSTITUTION	120. USU	AL OCCUPATION ( OST OF WORKING LIFE)	TYPE OF WORK	OR INDUST	SINESS
	APA BOL	1,	Baltimore	2502 Eutaw F	lace						
10616	AND 3 RETAIN RECORD	HSU, 13e. S	AL RESIDENCE (IF IN NURSING HOME OF		e before admission) Y OR TOWN	13d. INSIDE CITY LIV YES X N	MITS? 130 STRE	BADDRES UT	aw Pl		
9	T SON SON	11/	THER'S NAME	MIDDLE (1)	1AST C	15 MOTHER'S	MAIDEN NAME	MIDDLE		LAST	
	A PRINCE	10	arence	Kopins	in dr.	12	en	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	harp.	
ALTIMO	AFTER D SIVE PAG TH FORM AGES //SION	160.3	DECEASED EVER IN U.S. ARM D. ORUNKNOWN) (1876 GIVE W L. 1482	(RORDATES)	9-42-0	165 Mrs.	Helen &	Polinson	SS	/	
	MIT PAGE		11 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED							APPROXIMATE BETWEEN ONSET	INTERVAL
270	A HO	10	PARTIDEATH WAS CAUSED	E CAUSE (a) GUNSho		of head (	unspecif	fied weap	on)		
150	CIL IN II VIER ALC ANSIT P AL HYG REMOV		7659	DUE TO, OR AS A CO	NSEQUENCE OF						
	E SE		Conditions, if ony, which gave rise to immediate	(b)							
3 10	N AK-THEN N		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CO	NSEQUENCE OF					1	
,	ATIO	1	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTESTITING TO DEATH BUT NOT RE	ATEN TO THE TERMINAL O	ISEASE OR CONDITION CIVE	CN IN PART 1				
80	SA	Z			ATTO TO THE TERMINAL O	ISLASE OR CONDITION OF	CIT III T AKT ( 10).				
30	THE AND THE	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	)?			20 AUTOPSY?	,
4.5	584399	M								YES 🗘	NO 🗍
9	CATE SECTION OF THE CHILD BE USED TO BE USED	5 8	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY	2	L HOW INJURY OC	CURRED (ENTER N.	ATURE OF INJURY IN ITEM	18 PART I OR PART		
Concession	SECONE D		UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH	2/3 19 82	Subject w	as shot.				
1	DEPA PRINCE PRIN	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJUR	Y (ATHOME, 21	LOCATION		CATA CO TOWN	COU		57175
2	WRITE I	2	WHILE NOT WHILE AT WORK	blda.		2502 Eutaw	Place,	Balto.	COUR	NIY	Md.
	ME PA		220 I certify that I taak charge	of the remains described ob	ove, held on A	utapsy 🕍 Ins	spection .	Inquiry .	and in my opi	nion	ec.
	# STACES				Suicide			rmined manner	],		
	CERT JUD B DIRE WITH		Q1 1	10h-		TITLE (SPEC	_				
	AHPAHAHA -	1	ACTUAL SIGNATURE	MX0~	_	M.D. Assis	tant_MEDI	CALEXAMINER	DATE	11-5-8	2
	MEDICAL E SCUTE THE CGE 4 SHOU FUNERAL THE DEATH	1	EXAMINER'S NAM Ann	M Divers M	0		11 Dans	C+ Dali	t - Mai	21201	
	S S S S S S S S S S S S S S S S S S S		(TYPE OR PRINT)	M. Dixon, M.		ADDRESS.		St., Bali	, Ma	. 21201	
he	FOREKS	PATE	IAL, CREMATION, REMOVAL 23	b. DATE	NAME OF CEMETE	RY OR CRIMATORY	23d. LOC	R (OW)	COUNT		ATE
130	/ BP	740	DILY 19		Dralinto	en lem	DATE REC'D. BY		entown	GNATURE	ersey
00	DHMH - 17 (VR A15 ME (5))	171	AME AME	Fleras 101	2 P. 667			1982 /	Con Q	CALL	A
	20M 4/82	1	reton citon	91872 101	1 Jenn, 1	VR.		MUL DO		- white	<u> </u>

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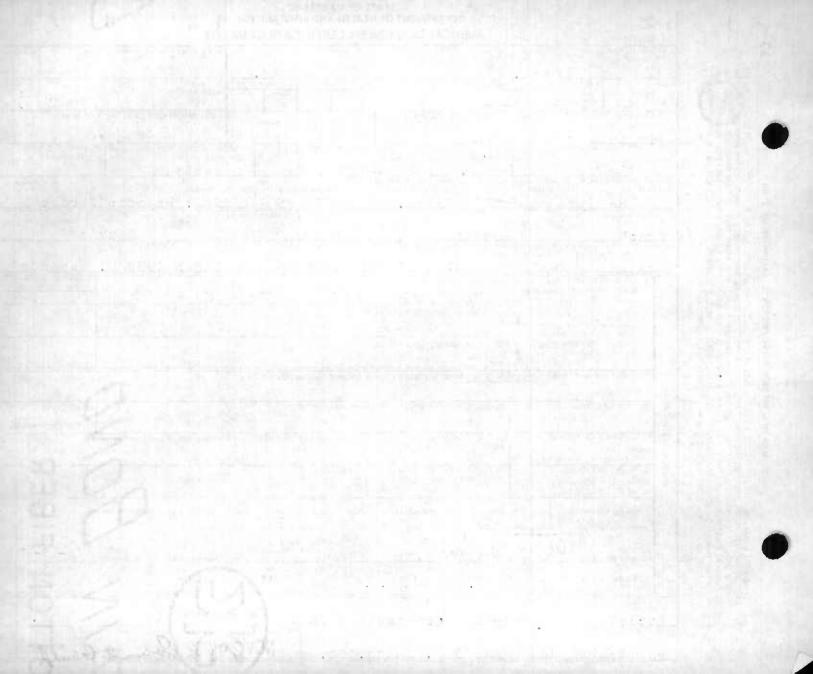
	1	REGISTRAR				CERTI	ICATE OF D	EATH	REG.	NO.		
Aprel A		CEASED NAME	FIRST	1	MIDDLE		LAST		20. DATE OF DEATH		DAY YEAR	2b. HOUR
TEL			EDITH			F	ORINSON			11-2	29-82	7:55pm
9	3. SE	Female		Bla	ack	5. DATE	DF BIRTH	36	6. AGE (IN YEARS LAST	46 YRS	MONTHS DAYS	HOURS MIN.
20		RTHPLACE (STATEORI		b. CITIZEN OF	WHAT COUNT	TRY? 8  MARRIE  WIDOW	NEVER M	ARRIED -	9. BALTIMORE CITY Baltimo	OR COUN	TY OF DEATH	447
25	10 C	altimore		1. NAME OF	HOSPITAL, NU	IRSING HOME	Hospit	NOITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS	ATION	12b. KIND C	OF BUSINESS OR
20	USU 130	AL RESIDENCE IN NURS	ING HOME OF C	THER INSTITUTION	GIVE RESIDENCE 8	SEFORE ADMISSION)	1134 INSIDE CIT	TY LIMITS?	HE STREET ADDRES	swbrid	dae Ct	21207
12	_	THER'S NAME PRODERT		DDLE M.	Monr		15. MOTHER'S	MAIDEN NA		177	McC	
1 dicol		VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARM		166. SOCIAL S	SECURITY NO.	17 INFORMAN	VĪ	Robinson	730 1		
ent, th		18. CAUSE OF DEAT PART I, DEATH W	H (Enter Dnly	one couse per		<u> </u>						IMATE INTERVAL ONSET AND DEATH
to e fatty in lury, or other troumotic	CERTIFICATION	gave rise to imm couse (o), stofin underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERA	g the lost	(c) ONDITIONS <u>CC</u>		TO DEATH BUT	NOT RELATED		INAL DISEASE OR CO	20b. IF Y	ES, WERE FINDING CAUSES	NGS USED
dor hem 18 sh	MEDICAL CEI	210. ACCIDENT WAS UNE OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH	P., 21e PLACE	M. MONTH M.	DAY YEAR 19 FICE, FARM, ETC.)	21f. LOCATIO STREET		RED (ENTER NATURE OF 11		8, PART 1 OR PART 2)	STATE
21 is morke		27s I certify that (I), now the dissert	Malive on	11_20				, 19 <u>82</u>	, to	date and h	, 19 <u>82</u> ,	that (I wolos'
1 H 1 H		Obove, (1)	wie	pase	difer death.	aylo	DEGREE AT		DIRECTOR PHY		22c. DATE	SIGNED
TADELANT.		DR. SOMPA	/	RASAD M.	.D.		220. ADDRESS		H HOSPITAL WAY BALTIM			21231
4	23o.	SURIAL, CREMATION,	REMOVAL	23b. DATE 12/4			EMETERY OR C		23d LOCATION CITY OF TOWN Arbiti	1.0	COUNTY	STATE Md.
4/82	24. F	INERAL DIRECTOR	h F/F					25a. DATI	C 1 = 982		STRAR'S SIGNAT	

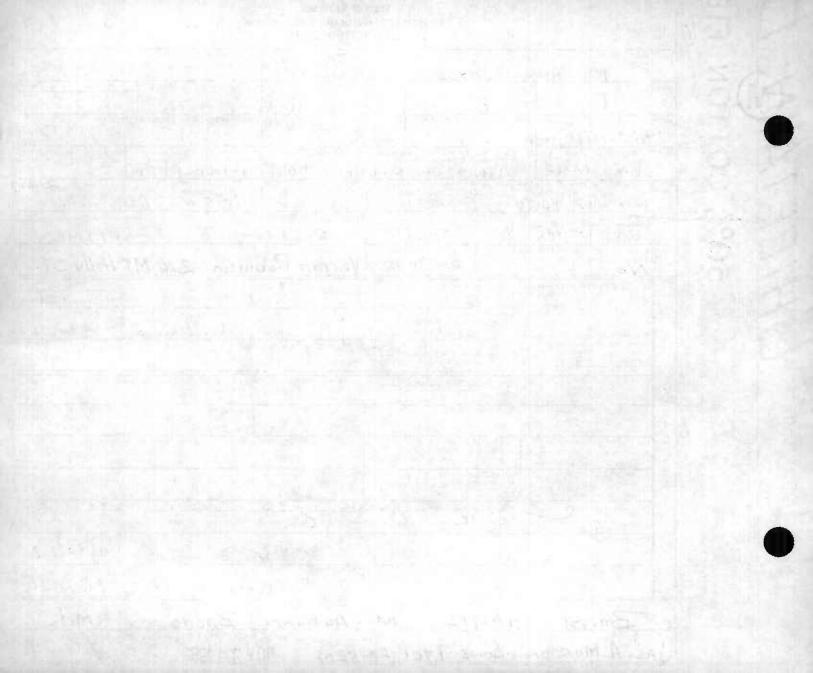
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN DAY 2h HOUR (TYPE OR PRINT) ESTI-27 1982 DEATH MATED Robinson Jr Franka IF UNDER 1 YR. 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 24 HOUR DATE 8:48 PRONOUNCED 1982 5-7-26 56 YRS a. M Black 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED FOREIGN COUNTRY) Baltimore City. DIVORCED WIDOWED Virginia CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION A 3. RETAIN PA 2 SHOULD BE F TAL RECORDS. Baltimore Favette Street Disabled USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 21223 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 130. STATE 136 COUNTY 13c. CITY OR TOWN Balto. YESY NO 1955 W. Favette Street 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE LAST Morris Robinson Elnora Frank ALONG WITH POST IS IN PRICE DIVISION OF THE 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 2792 Margaret Robinson 1955 W. Fayette Yes WWII 236 32 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE, AATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Hypertensive Arteriosclerotic Cardiovascular IMMEDIATE CAUSE (6 HYDER TENSIVE AT Conditions, if ony, which Disease gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A B 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NO IX ARDED TO THE CHAGE 3 SHOULD BE LATE DEPARTMENT COLOR FOR TO BURN YES | 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY JATHOME, 21f. LOCATION E THE CERTIFICATION SHOULD BE FORWARE SHOULD BE FORWARE WERAL DIRECTOR: PAGE 3 VERAL DIRECTOR: PAGE 3 VIOLED PAGE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE Inspection XX 22a I certify that I took charge of the remains described above, held on ond in my opinion Homicide Undetermined manner Notural couses TITLE (SPECIFY) PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, N ACTUAL 11-27-82 Assistant SIGNATURE III Penn Street EXAMINER'S NAME Margarita A. Korell, M.D. 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION STATE Md. Crownsville VA Cem Crownsville Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** VR A15 ME (5) Browns/Thompson FH 1913 W. Balto. St 20M 4/B2





Duda-Ruck Funeral Home of Dundalk, Inc.

- STATE

REGISTRAR

ITYPE OR PRINROBert

Gram

Rodgers

DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

YEAR

IF UNDER 24 HRS

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Balt. Co.

1982

IF UNDER I YEAR

INDUSTRY

Dailey

YES [

Baltimore, Maryland

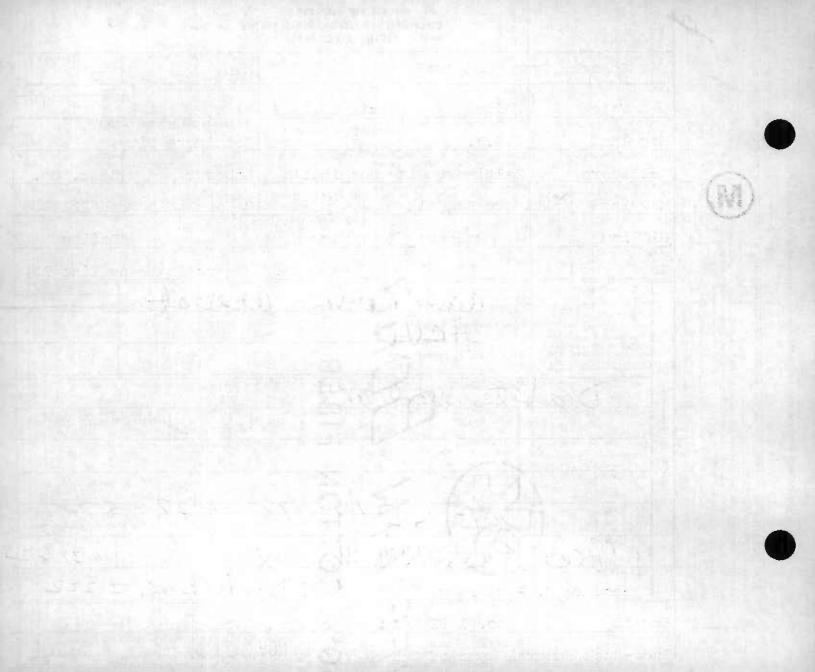
COUNTY

22c DATE, SIGNED

STATE

20 DATE OF DEATH MONTH

November 28.



6		1-	FOR STATE REGISTRAR		DEPAR	TMENT OF	E OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH	YGIENE 8 2	28981
			CEASED NAME FIRST	THE TOTAL	MIDDLE		LAST	26. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
og pe		11116	Will	iam		RO	DGERS	November	9. 1982 12:45 <sup>a</sup>
ge 4 mo)	Ò	3. SE		4. RACE BLAC	K	5. DATE	OF BIRTH 40AY 0'7"	6. AGE (IN YEARS LAST BIT	RTHDAY)  IF UNDER I YEAR  IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.  YRS.
deoth. Poge	3		RTHPLACE (STATE OR FOREIGN OUNTRY)  Ffolk, Va.	76. CITIZEN OF	WHAT COUNTRY	MARRIE	D NEVER MARRIED	Baltimore city of Baltimore	CITY MD
offer d	15	10 CI	TY OR TOWN OF DEATH	(IF NOT IN 5U	HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	120. USUAL OCCUPAT	ION 12b. KIND OF BUSINESS OR
24 hours	25	USU / 130. S	TATE 136 CC	OR OTHER INSTITUTION		DRE ADMISSION)	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	anvale St
mpletely ond 2 sh	DE	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN I		Rodgers LAST
in the medical of the	1	16a. V	AS DECEASED EVER IN U.S. ES. NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SEC 218-10-		17 INFORMANT Vernetta Ro	odgers 1514 W	N. Lanvale St.
ECOKDS, 201 W. PRESION SI  we requires that the death cert been signed by the ottending rms. Then please remove corban prior to buriol, cremation, or rep		CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICAN  190 DATE OF OPERATION	IT CONDITIONS C		DEATH 8U	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	IDITION GIVEN IN PART 110  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
The land incion.	2	ERTIFIC	71a. ACCIDENT WAS UNDERLYING	71b. TIME C	OF IN ILIRY		1214 HOW IN ILIRY OCC	YES NO W	YES NO
NG PHYSICIAN: The low required physicion. Offer this certificate has been signs the buriol-transit permit. They are the buriol-transit permit. They have don't lead to them 18 shows ony injur order or them 18 shows ony injur	9	MEDICAL C	OR CONTRIBUTING CAUSE OF  (IF EITHER NOTHY MEDICAL EXAM)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	DEATH HOUR A	.M. MONTH .M. OF INJURY REET, FACTORY, OFFICE	19	21f. LOCATION STREET	CITY OR TO	
TAL OR ATTENDING by the hospital or off RAL DIRECTOR: After detached for use os it detached for use os it leads to be a second to the second t			22a I certify that XX(this has saw the deceased alive obove, (X(we) (did) (dx) 22b. SIGNATOR	on Novemb	per 9 19		DEGREE	on death occurred on the d	mber 919 82, that (K(we) last late and hour and from the causes stated  22c. DATE SIGNED  11/9/82
O HOSPITA  to FuneRa  should be d  with the Sto	I		22d PHYSICIAN'S NAME (TY Mary Smat	Hers, M.			22e. ADDRESS c/o Mary	land General	
10 DBP 19		23a. E	SURIAL, CREMATION, REMOV	AL 236. DATE 11/12			CEMETERY OR CREMATOR	Glen Burr	nie, Md county
DHMH - 16 50M 4/8 (VRA 15, 4)	12	24 FI	ROYMO. DYETT	4600 LIBE	RTY HOTS	. AVE	25a. C	NOV 1 0 1982	25b. REGISTRAR'S SIGNAL ALEMAN

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land moneral Hospital C	viril ala	3.36 2700	tend your
E elga surmia, la.			
	9 4 10	EU Your 11 0065	TUEYE EYEUT

## LAST 20. DATE OF DEATH MONTH DECEASED NAME FIRST TYPE OR PRINT! November 26, 1982 Rosario Ro110 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) SEX Dec 5, 1900 YEAR 87 White Male 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED COUNTRY) Baltimore City U.S.A. Italy WIDOWED | DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1652 Northbourne Rd TYPE OF WORK FOR MOST OF WORKING LIFE INDUPLIES BALLO. Baltimore USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 13d. INSIDE CITY LIMITS? 1652 Northbourne Rd 21239 Maryland YES A NO 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE ROLLO Nunzia Anthony ADDRESS 16b. SOCIAL SECURITY NO. 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-12-9041 Mrs Mary Rollo Same 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o DIVISION OF VITAL RECORDS, CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY 0 CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on\_ obove, (1) (did) (did not) view the body after death 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 8400 Loch Raven Blvd Baltimore, Maryland Khin M Tun M.D. 23a, BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Baltimore, Maryland

11/29/82

Leonard J Ruck Inc. Baltimore, Maruland

ADDRESS

Holy Redeemer

FOR

- STATE

REGISTRAR

Burial

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

IF UNDER 1 YEAR

DAYS

INDUSTRY Citu

Bonanno

YES

25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

COUNTY

22c. DATE SIGNED

12b. KIND OF BUSINESS OR

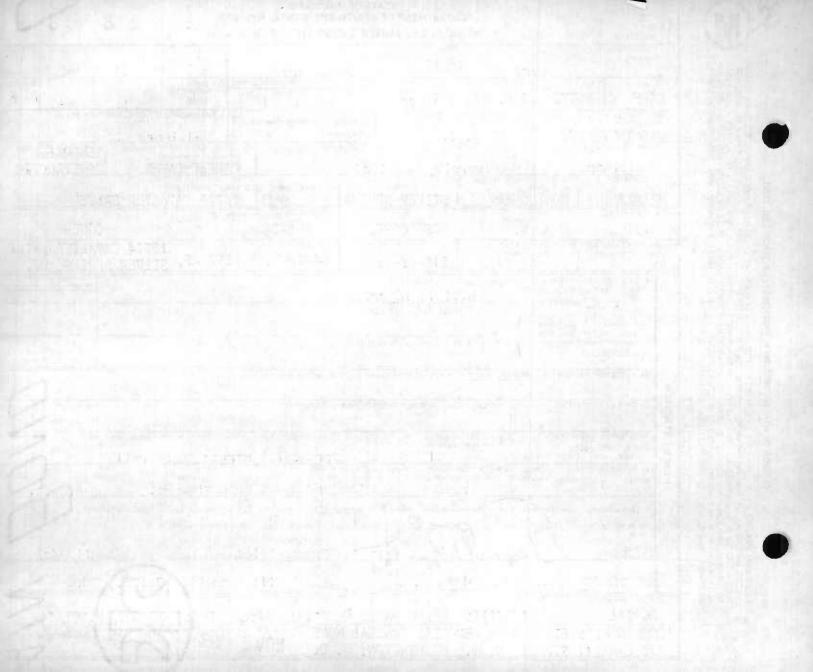
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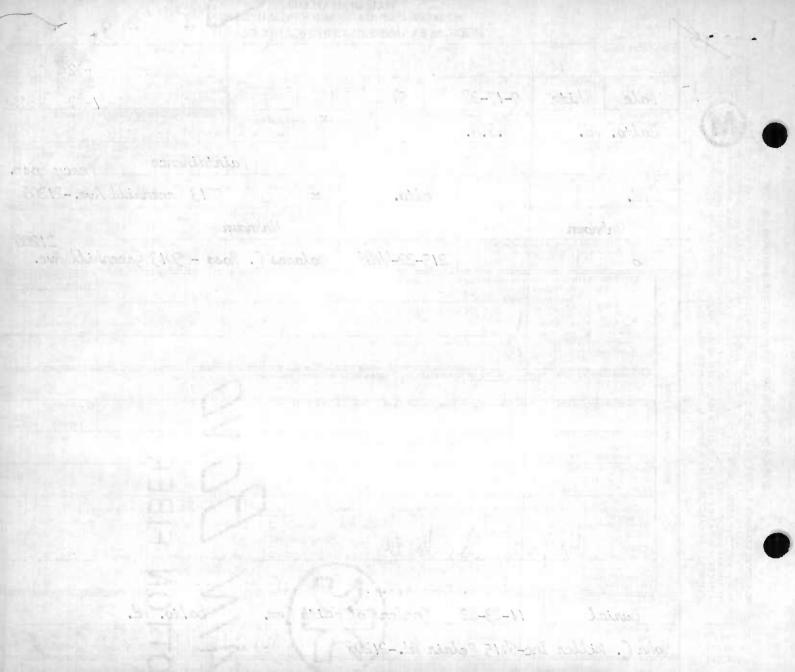
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR REG. NO DATE KNOWN 1. DECEASED NAME (TYPE OR PRINT) OF ESTI-ELAY IS NECESSARY, PLEASE
TO THE FUNERAL DIRECTOR.
4 PAGE 5 FOR YOUR FILES.
BE FILED, WITHIN 72 HOURS
DS, 201 W. RRESTON STREET, LOUIS DEATH MATED Robert Rosendorf 4. RACE SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED O PM JAN. 1955 MALE WHITE DEAD 1982 76. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WASHINGTON. DC WIDOWED DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE! Baltimore A 3. RETAIN PA 2 SHOULD BE F CARPET LAYER University Hospita SUAL RESIDENCE (IF IN NURSING 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS IONTGOMERY MARYLAND SILVER SPRING NO [] 10714 CAVALIER DRIVE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME OURS AFTER DEATH 18. GIVE PAGES 1, 5. WITH FORM PM 11. PAGES 1 AND 2 DAUTD SYLVIA COHÊN ROSENDORE 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO ADPOTO14 CAVALIER DRIVE NO. OR UNKNOWN) DAVID W. ROSENDORF, SILVER SPRING, MD 215-62-2852 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "FENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALLONG W TO FUNERAL DIRECTOR; RACES SHOULD BE USED AS BURIAL- TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DAUGING, 2,201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG CERTIFICATION 19g DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO [ 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 2TC. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR AM MONTH DAY YEAR UNDERLYING AOR
CONTRIBUTING CAUSE OF DEATH MEDICAL 8:47P.M 2 10 82 motorcyclist struck quard rail 21e PLACE OF INJURY STREET, FACTORY, FARM, ETC.) COUNTY WHILE AT WORK Oakford Ave & Gran View Rd road A.A.Co., Md 220. I certify that I taak chi described above, held an Inspection and in my apinian X death resulted from: Undetermined manner TITLE (SPECIFY) DATE 11/3/82 MD Deputy ChiefEDICAL EXAMINER EXAMINER'S NAME Thomas D. Smith. M.D. III Penn St. Balto., MD. TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d LOCATION BURIAL 11/5/1982 KING DAVID MEMORIAL GARDEN FALLS CHURCH, VIRGINIA BP. DOMALDEMOR STEIN HEBREW MEMORIAL FUNERAL HOME 1982 **DHMH - 17** 232 CARROLL STREET. N. W. WASHINGTON, D. C. (VR A15 ME (5)) 20M 4/82



DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME FIRST 20 DATE KNOWN MONTH DAY Zb. HOUR LTYPE OR PRINTI OF ESTI-ISAIAH ROSS 4 RACE IF UNDER 1 YR. 5. DATE OF BIRTH 6 AGE IN YEARS IF UNDER 24 HRS 24 HOUR DATE PRONOUNCED White DEAD 4:15R YRS OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED WIDOWED DIVORCED Baltimore City 0 CITY OR TOWN OF DEATH 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS POR MOST OF WORKING LIFE) 5013 Greenhill Baltimore Percy Hosp. 130. STREET OP 3ES Greenhill Ave. -21206 13b COUNTY 13d INSIDE CITY LIMITS? Mola YES 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE ALIDDIE LAST Unknown 11nknown 17 INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO DIVISION Dolores (. Ross - 5013 Greenfill Ave. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate couse (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NOXIX DEPARTMENT 1 PRIOR TO BU 210 EXTERNAL CAUSE WAS 216 TIME OF INIURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME. 211. LOCATION STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X FUNERAL DIRECTOR: FP DEATH, WITH THE S ORE, MARYLAND, 22a I certify that I took charge of the remains described above, held an Undetermined manner death resulted from Natural causes TITLE (SPECIFY) 11-22-82 ssistant SIGNATURE EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) DAA 230 BURIAL, CREMATION, REMOVAL 236, DATE Gardens of Faith 24 FUNERAL DIRECTOR **DHMH - 17** Miller Inc-6415 Relair Rd.-21206 (VR A15 ME (5)

20M 4/82

STATE OF MARYLAND



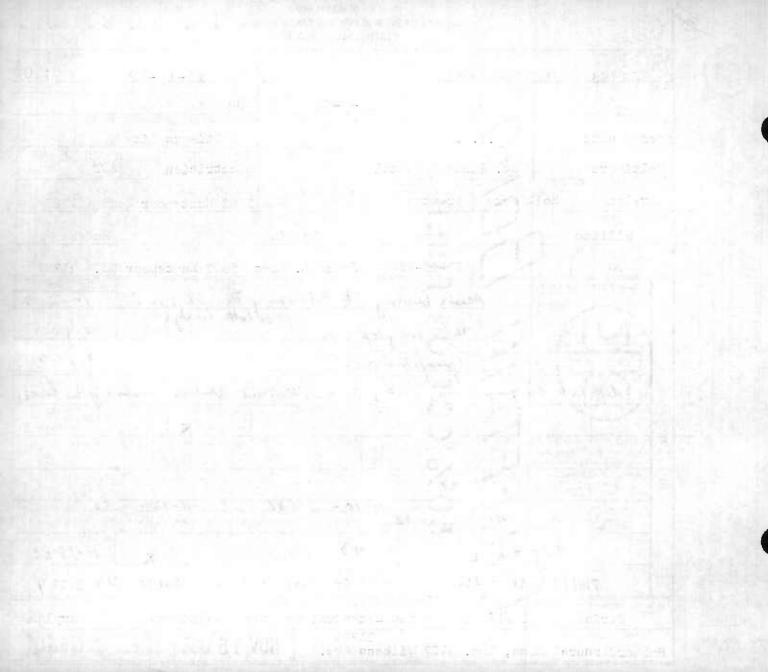
	STATE OF MARYLAND
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
	To a contract of the contract

14 FUNERAL DIRECTOR 21229
HubbardFuneral Home, Inc. 4107 Wilkens Ave.

2 8

	'	REGISTRAR				CERTIF	ICATE O	FDEATH			REG. NO					
		CEASED NAME	FIRST	٨	AIDDLE	L	AST	711	20	DATE OF	DEATH A		AY YEAR	R 2	h HOUR	?
	(TIPE	JAMES	WIT	T.TAM	ROSS						77-7	3-82			8;4	TOY
	3. SE)			4 RACE		5. DATE C			6.	AGE (IN YE	ARS LAST BIRTH	IDAY)	IF UNDER 1 YE		FUNDER 2	4 HRS
	1	MATE		WHI:	re	MONTE	1-2-9	8 YEAR		84		YRS.	DNIHS	15	1OURS	MIN.
0		RTHPLACE (STATE OR I	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. *** A A B D I E	N NEVE	RMARRIED	9.	BALTIMO	RE CITY OR	COUNTY	OF DEATH	1		
1		sachuetts		U.S.	Α.	WIDOWE		DIVORCED	1	Ba1t	imore	City				ME
0		TY OR TOWN OF DEA	ATH	LIF NOT IN SUC	OSPITAL, NURSING FACILITY, GIVE STREET, NOS HOSP	(ADDRESS)	OR OTHER I	NSTITUTION		a. USUAL C	CCUPATIO		12b. KIN	D OF E	BUSINES	SOR
5	13a S	AL RESIDENCE (IF NURS TATE Tryland	M3h_COUR		ISCOLUTE ARESIDENCE BEFOR Arbutus	VN	13d. INSID	E CITY LIMITS		e STREET A		noor R	oad	21:	227	
2	4. FA	THER'S NAME FIRST William		MIDDLE	Ross		15. MOTH	ER'S MAIDEN FIRST Maggi			WIDDLE		Mc(	LAST	e	13
n		VAS DECEASED EVER			166. SOCIAL SEC	JRITY NO.	17 INFOR				ADDRES	S				
do	-()	NO OR UNKNOWN)	(IF YES, GIV	(E WAR OR DATES)	271-03-7	241	Jame	s L. R	oss	5602	Hunt	smoor	Rd.	2	1227	
7	CATION	Conditions, if any, gove rise to improve (o), stotin underlying cause  PART 2. OTHER SIGN Left La	, which nediate ag the last.	DUE TO, OF  DUE TO, OF  DUE TO, OF  DUE TO, OF  CONDITIONS CO	RAS A CONSEOU Thrombo RAS A CONSEOU Myeloft DNIRIBUTING TO	ence of bnomi DEATH BUT HF,	s.  Not rela  Diabe	tos Me	TERMINA LLILI	al disease	or cond	ITION GIVE	N IN PART	2 y	ears live	or,
7	T I					OPERATIO				YES 🗌	NOX	IN CERTIFY YES	ING CAU	SES O		
7	MEDICAL CERTI	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d INJURY OCCURI	CAUSE OF DE	ATH HOUR A./ P./ 21e PLACE (	M. MONTH D M. DFINJURY	19	21f. LOCA		CURRED	(ENTER NAT			RT 1 OR PART			
	W	WHILE NOT WE	RK	(AT HOME STR	EET, FACTORY, OFFICE,	FARM, ETC )	STI	REET			CITY OR TOW	N	COUNTY		51/	AIE
		22a I certify that (1) sow the decease obove, (m) (a 22b. SIGNATURE	ed alive on did) ( <del>did na</del>	tal) attended the	ofter death.	82, ar	nd that in (r	ny) (our) opin ATTENDIN PHYSICIA	IG I	MEDICAL	on the dot		ond from	the co	- 97/03	ted
/		22d. PHYSICIAN'S NA	LIP	M LA	М		ST.	AGNE	Hos	PITAL	_ BA	7LT0	MD	21	229	
	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE				R CREMATO		23d. LOCA	TION	ra	COUNTY	Mar	rsz 1 31/	ATE d

DHMH-16 30M 2/80 (VRA 15, 4)



BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS,

STATE OF MARYLAND

	12.1.10	do MAISAGUAD	PINALE
YTTO MACHITHAN		ASU	GILAJVEA.
ningenos	JAT	THEOR MADE TYPICATE	
1716 WEGULU BD. 2122		DEADERON LAW ITE	iae dinambal
ARGUIN	KHAN	A PARTY OF THE PAR	2514.00

## STATE OF MARYLAND

1 - STATE REGISTRAR		DEPARTM		EALTH AND	MENTAL HY	GIENE Q	REG. NO.	La	0	0	1
1. DECEASED NAME (TYPE OR PRINT)	FIRST	WIDDLE	t.	AST		20 DATE OF				26 HOUR	
	GEORGE A	LBERT _	RO	TH -AA	SR.	Nove	ember	30	1982	6	٨
1. 5EX	4. RACE		5. DATE O			6. AGE (INY	ARS LAST BIRTHDA		UNDER I YEAR	IF UNDER 24 H	
MALE	WHI	TE	05		20	CLISSI	62	YRS.	NIHS DAYS	HOURS	IIN.
7a. BIRTHPLACE (STATE OR F COUNTRY) MARYLAND	OREIGN 76. CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE		MARRIED		timore				ME
Baltimore	(IF NOT IN SUI	HOSPITAL, NURSING CHEACILITY, GIVE STREET A GNES HOSP	DDRESS)	R OTHER INS	TITUTION	12a USUAL C	CCUPATION FOR MOST OF WO	ORKING LIFE)	12b. KIND O	F BUSINESS ROAD	OR
13a. STATE	ING HOME OR OTHER INSTITUTION	13c. CITY OR TOWN	1	13d. INSIDE C		13e. STREET					
MARYLAND	A.A.	HANOVE	R	YES	NO 🔀		RIDGE	ROAD	2	1076	
4. FATHER'S NAME FIRST  GEORGE	MIDOLE A	ROTH			S MAIDEN NA FIRST LILLY		MAY		UNKNO		
16a. WAS DECEASED EVER		166 SOCIAL SECUR	RITY NO.	17. INFORM			ADDRESS	SEVE	RN, MD		+4
NO		212-05-	3443	VIRGI	NIA BRO	CKETT	8707 0	CREST	ROAD		
The CALLES OF DEAL	11.5	to the same discount							APPROXI	MATE INTERVAL	

PART I. DEATH WAS CAUSED	DBY: Staph-Phenoma	BETWEEN ONSET AND
222	DUE TO, OR AS A CONSEQUENCE OF	
Canditians, if any, which gave rise to immediate	(b)	
cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	

20b. IF YES, WERE FINDINGS USED 19a, DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION 21e. PLACE OF INJURY 21d. INJURY OCCURRED CITY OF TOWN COUNTY STATE

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this haspital) attended the and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body after death

DEGREE

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 224 PHYSICIAN'S NAME (TYPE OF PRINT)

900 S. Caton Ave. Balto. Md. 21229 Achwin Nanawati 23d LOCATION
CITY OF TOWN
BALTIMORE 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL

PARKWOOD CEMETERY

12-03-82 24 FUNERAL DIRECTOR (VRA 15, 4)

226. SIGNATURE

BURIAL

CITY

BP. DHMH - 16 50M 4/B2

or Item 18

MPORTANT:

21229

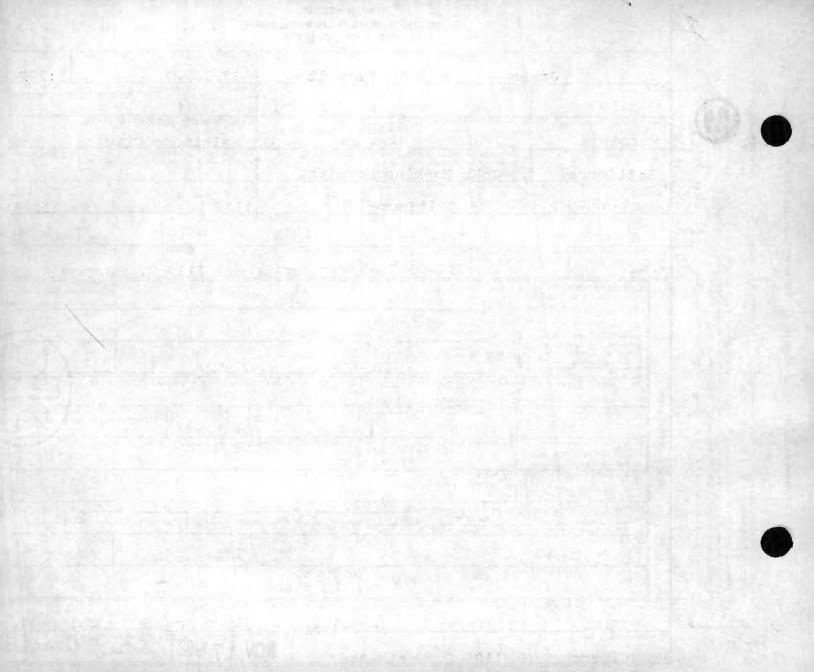
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

MARYLAND

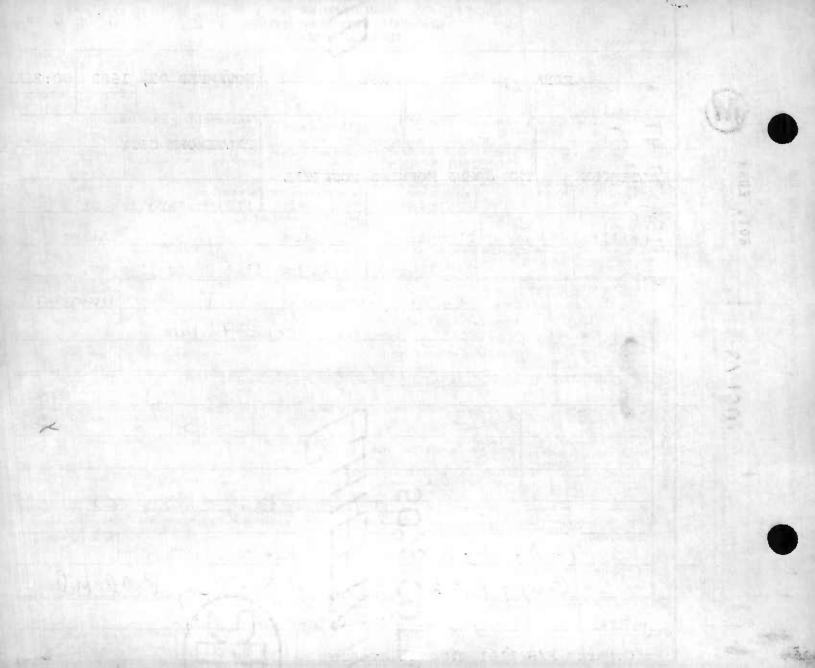
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TET . CHE LET	Mas tamai turta 1900 se	ion ax ingre	20.2-20-22	
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essi .u.	and Francisco	2011	.3.4 .1.	
			70-14 - 10-01-21	

UNIONE BANKS, INC., ARCA LINESSAN CVA.

2					STATE	OF MARYLA	AND			da	Ab
1	1-	FOR STATE REGISTRAR		DEPARTA		CATE OF D	MENTAL HYG		. NO.	8 9	8 8
		CEASED NAME FIRST		MIDDLE	LA	51		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	1111	Jan	nes	Rowlet	t (F	Rowett	(e)	11/14/	82		5:20Pm
	3. SE	(	4. RACE		5. DATE OF	BIRTH		6. AGE (IN YEARS LAS		IF UNDER 1 YEAR	IF UNDER 24 HRS
1		male	Bla	ck	8 8	24	11	7	1 YRS.	MONTHS: DATS	HOURS MIN.
1/0		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIED	☐ NEVER N	AAPPIED T	9 BALTIMORE CIT	OR COUNTY	OF DEATH	
6		irginia	υ	SA	WIDOWED		ORCED	Baltim	ore Ci	tv	MD.
270	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OTHER INST	ITUTION	12a USUAL OCCUP	ATION	126. KIND OF	BUSINESS OR
To Co	E	Baltimore		n Hopki		spita	1	(TYPE OF WORK FOR MO	STOP WORKING (II	E) INDUSTRI	
10 P	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION	13d. INSIDE CI		13e STREET ADDRES	c		
通り	M	aryland		Baltin		YES XX		1119 N.		od Ave	. 21213
1200	14 FA	THER'S NAME	MIDDLE	LAST			MAIDEN NA	ME MIOOL			
300		Samuel	MIDDLE	Rowlett			nnie	WIOOL		Brow	n
edical	16a. V	AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMA	NT	AD	DRESS		
medical	()	ES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	217-05-	7688	Marg	uerite	e Gee 11	19 N.	Kenwoo	d Ave.
. ±		18 CAUSE OF DEATH (Enter or	nly one couse per	line for ( <b>\$\mathcal{Q}</b> , (b), one	I (c).)		0			APPROXIM BETWEEN OF	ATE INTERVAL
event,		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (o)	pen	unch	not 1	Urest				
		4310		R AS A CONSEQUE	NCE OF	0		Jan 7 Table	D /111		
, cremotion, or r	-	Conditions, if ony, which	(b)	N AS A CONSCOOL	my	uton					
er tre		gove rise to immediate couse (a), stating the	DUETO	R AS A CONSEQUE	NCE OF		11-4			8-1-11-1	703-17
of the		underlying couse lost.	(c)	K AS A CONSEQUE	CNS	s He	nmn	hale			
y, or	m	PART 2. OTHER SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT N	OT RELATED	TO THE TERM	INAL DISEASE OR CO	ONDITION GIV	EN IN PART 10	
r to bu injury,	O	HODY	6 tolt	. de m	enti	2 3					
any	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATION	WAS PERFO	RMED	20a AUTOPSY?	20b. IF YES	, WERE FINDING	GS USED
shows	TIFE			10.00		X DELL		YES NO		s 🔲	NO [
Mentol Hyg or Hem 18 sh		210 ACCIDENT WAS UNDERLYING	110110 4	FINJURY M. MONTH DA	Y YEAR	21c. HOW IN.	JURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM 18. P	ART 1 OR PART 2)	1
Hem	CAL	OR CONTRIBUTING CAUSE OF DE.		м.	19	Date Of			1007		
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	RM. ETC 1	211 LOCATIO	N	CITY O	NOWN	COUNTY	STATE
morked	<	AT WORK AT WORK			1.1.		45		1	A	
e s		22a.1 certify that (I) (this hospi	tol) ottended th	1.11.		13	19 02	-, to	179		not (I) (we) lost
121		sow the deceosed olive on obove, (1) (we), (did) (did no	t) view the body		2 ond	I that in (my)	(our) opinion	deoth occurred on the	dote and hou	r and from the co	ouses stated
Herr		22b. SIGNATURE		2	D	EGREE				22c. DATE S	IGNED
T. F		/sust	an (s	pre.	nur		TTENDING PHYSICIAN [	MEDICAL S DIRECTOR PHY	SICIAND	11/17	152.
X T		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRES	S			98	
IMPORTANT: If	1	Licer	5 1	messki	5.72	(In	so Ho	hus Ho	Pila	2	
3 \$1		URIAL, CREMATION, REMOVAL	23b. DATE	23¢ N	AME OF CE	MEJERY OR C	REMATORY	23d LOCATION		COUNTY	
1.50	(	BURIAL	11/1	9/82 Mc	nın+	Ca 1 1773	rit Cor	Anne A		COUNTY CO.	Md.
2/80	.24 FL	INERAL DIRECTOR		ADDRESS	·	Calva:	250. DA	REC'D. BY REGISTR		RAR'S SIGNATO	RE
	Wm	. C.March F/	H 110		rth A	ve_	N.	JV 17 198	Joe	my h	muy



	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	8 9 5 9
ക തമ	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
y by	EDN	Mary	ROY	NOVEMBER 02	1982 08 25AM
E P	3. SEXS	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
age 4	Female	Black	2 17 14	68 YRS.	
a 100 m	10. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
eo de	oMaryland	USA	WIDOWED DIVORCED	BALTIMORE CT	MD.
with do	10. CITY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR
by the	RALTIMORE	THE JOHNS HOP	KINS HOSPITAL	(THE OF WORK FOR MOST OF WORKING	III III III III III III III III III II
Per Per	130 STATE 13b. COL	DROTHER INSTITUTION GIVE RESIDENCE BEFOR		13e. STREET ADDRESS	
25 E	Maryland	Baltim		1121 N.Carol	ine St.
2 sh	14. FATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	
3000	FIRST	MIDDLE LAST	7 7 7 i GO	WIDDLE	Allen
o lo man	William  160. WAS DECEASED EVER IN U.S. A	Flecher		ADDRESS	Allen
e execution medico	(YES, NO OR UNKNOWN) (IF YES, G	SIVE WAR OR DATES)			
be me me me me	No.	212-10-	9945 Maria Roy	1121 N, Caroli	
ote per per th	18 CAUSE OF DEATH (Enter of	anly ane cause per line far (a), (b), an	d (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physical physical popper moval.	PART I. DEATH WAS CAUS	ATE CAUSE (a) (arch	iopulmonary	arrest	Immediate
th cert nding carbo , ar re	7707				
	1500	DUE TO, OR AS A CONSEQU	ENCE OF	ial failure	
e dea move notion troum	Canditians, if any, which	( b) OSTC	Myellin / Ich	विद्वादाया	
	cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		THE SECOND SECOND
that the day of days re-	underlying cause last.	(c)			
		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	VEN IN PART 1(a )
squire sam then to bu injury,	NO N				336
prior prior	190. DA E OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
9 6 9 9 9	E I				FYING CAUSES OF DEATH?
N: The Cote by consist Hygie 18 sho	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	121/ HOW IN HIRV OCCUP	RED (ENTER NATURE OF INJURY IN ITEM 18	
4YSICIAN: The ding physicio is certificate h burial-transit Mental Hygie or them 18 sho	OR CONTRIBUTING CAUSE OF DE		AY YEAR	TEMER NATURE OF INJURY IN TEM 18	PART ( OR PART 6)
SICIAI ing ph certifu urial-tr tental	4		19		
	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE I	ARM, EIC)	CHIOKIONI	JIRIC
DING or off After e as the olth or morke		pital) attended the deceased fram_	10/1 10 8	2-10 11/2	10 6 2 that the (wallant
	saw the deceased alive a	3. 9	and that in (my) (aur) aninian	death accurred an the date and ha	ar and from the course stated
R ATTEN hospital RECTOR ned for u	abave, (I) (we) (did) (did n	nat) view the body after death.		accounts on the dute one ho	
A H Be	22b. SIGNATURE	11/1/1/11	DEGREE		22c. DATE SIGNED
74 750 -	(7	DKIUM	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	
- 0 0	224. PHYSICIAN'S NAME ATTYPE	OR PRINT)	22e ADDRESS		- ^ ^ ^
TO FUNERA should be de with the Stot	(7	ary Kruh	550 N R	Brandum R	et MU
Should with 1	23a. BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	~ . ~
BP	(SPECIFY)		Holy Redeemer Co	CITY OR TOWNS	COUNTY STATE
O DP	BURTAL 24 FUNERAL DIRECTOR	11/8/82		em Balto. TE REC'D. BY REGISTRAR 256. REGIS	TRADIS SIGNIATURE
DHMH - 16 50M 4/82	NAME	ADDRESS	NO	V Q 1020	Affact '
(VRA 15, 4)	Wim C March E	H 1101 E.Nort	h avenue	0 1000	



REGISTRAR

126 KIND OF BUSINESS OR PHYSTCTAN (IFE) MEDICINE 130 5961 ADSTMMONDS AVE. 21215 LEVITT 5901 SIMMONDS AVE. BALTO., MD 21215 RETWEEN ONOO! AND DEAD part 2. Other significant conditions <u>contributing to death</u> but not related to the terminal disease or condition given in part 1 (o 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (not) (our) apinion death occurred on the date and hour and from the causes stated 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. HAH - 16 50M 1/81 6010 REISTERSTOWN RD. BALTO., MD 21215

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1	STATE REGISTRAR	DEPARTA	NENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE O & G	2011
3 1.0	ECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
	PE OR PRINT) BESS	C.	SAGER	NOVEMBER 1	3, 1982 73
3 S	EX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
1	FEMALE	WHITE	AUGUST 25, 1888	94 yrs.	MONTHS DAYS HOURS A
CAMPA	RTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND	76 CITIZEN OF WHAT COUNTRY?  USA	MARRIED NEVER MARRIED X	9 BALTIMORE CITY OR COUNT BALTIMORE CI	
10	BALTIMORE	11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY GIVE STREET LONG GREEN NURS	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING SOCIAL WORKER	126. KIND OF BUSINESS INDUSTRY SOCIAL SERV
4 USI	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COL	DROTHER INSTITUTION GIVE RESIDENCE BEFORE INTY 136. CITY OR TOWN BALTIMOR	N 113d INSIDE CITY HAITS?	13e STREET ADDRESS 104 W. UNIVERS	21210 ITY PKWY.
200	ATHER'S NAME FIRST  AARON	MIDDLE SAGER	15 MOTHER'S MAIDEN NA MARY	ME	ROHRER
160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECUI		ADDRESS	
1	NO	212-32-2	377 WILLIAM A. S	SAGER 6014 LAKEV	IEW RD. 21210
TION			DEATH BUT NOT RECOED TO THE TERM		
CERTIFICAT	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO NO	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH (ES NO NO
CAL CR	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE	R) HOUR A.M. MONTH DA	19 .	RED (ENTER NATURE OF INJURY IN ITEM IB	PART I OR PART 2)
ocked or MED	21d. INJURY OCCURRED  NOT WHILE  AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FA	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STAT
21.6 m	saw the deceased alive as obave, (1) (m. 55 did n	ntal) attended the deceased frame	19_2 and that in (my) (a pointan	death accurred an he date and he	, 19 , that (1) the aut and fram the causes state
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE	RFreema	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/15/
MPORTANT.	NORMAN R.	FREEMAN JR. MD		29th ST. BALTIMO	RE MB.
	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	1.1	AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN FUNKS TOWN	COUNTY STAT
17.01	UNERAL DIRECTOR NAME  4ITCHELL-WIEDEF	ELD HOME 6500 YOR	MALITIONES IND . CO.	OV 1 5 1982	TRAR'S SIGNATURE

STATE OF BALLINE The Commence of the same for the same State of the same Note of the Forther Town son stranger from

8		1.	FOR - STATE REGISTRAR		DE	PARTMENT OF H	E OF MARYLAND . IEALTH AND MENTAL HY ICATE OF DEATH		2	8 9 9	2
			CEASED NAME FI	R5T	WIDDLE		AST	REG.		YEAR 26 HO	UR_
e P	o e 3		ORPRINT)	L.		Sale	fskv	Nove	mber 3.	1982 //	A
you	1	3. SE		4 RACE		5. DATE O		6 AGE (IN YEARS LAST B		- //	R 24 HRS
ge 4	(M)		Female	Wh	ite	Febru	uary 3, 1897	85	YRS.	NTHS DAYS HOURS	MIN.
10	11		IRTHPLACE (STATE OR FOREK	ON 76 CITIZEN OF	F WHAT COU	NTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
	15		Maryland	United	States			Baltimo	ore Cit	У	MD.
offer o	oy the fu	10 C	Baltimore	11. NAME OF	JCH FACILITY, GIVI	TURSING HOME ( e street address) radford	OR OTHER INSTITUTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOS' House -wil	OF WORKING LIFE)	126 KIND OF BUSIN INDUSTRY Home	
1120	be be	USU	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTIO	N, GIVE RESIDENC	E BEFORE ADMISSION)				110100	
24 1	See all a		aryland	COUNTY	Relt:	imore	13d INSIDE CITY LIMITS?	612 S.	Bradfer	4P 6	
thin thin	2 sho		THER'S NAME				15. MOTHER'S MAIDEN N.		Diadioi	a 50.	
AR D	al Call		Augusta	WIDDLE	Lawren		Minnie	WIDDLE		Luther	
E, N	S S		VAS DECEASED EVER IN L			L SECURITY NO.	17 INFORMANT	ADD	RESS	Lucher	
MOR S	Pages medica	1	YES, NO OR UNKNOWN)	YES, GIVE WAR OR DATES)	210-0	07-4371	Dorothy Bro	wn 19607 k	firkwood	Shop Rd.	21161
BALTII	hysician papers. I avol.		18 CAUSE OF DEATH (E				borothy bro	MH 13001 1	MAN OOG	APPROXIMATE INTE	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120' NG PHYSICIAN. The low requires that the death certificate be executed within 24 hours offending objestion.	juires that the death cert signed by the attending ten please remove carbon a burial, cremation, ar ret jury, or ather traumatic ex		Conditions, if ony, wh gove rise to immedicate (a), stating underlying couse h	ote the OUE TO, CONDITIONS C	OR AS A CON		NOT RELATED TO THE TER.	MINAL DISEASE OR CO	ndition Given	IN PART I(o)	
RECOR	hos been si permit. The	CERTIFICATION	190 DATE OF OPERATION		DITION FOR V		N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYIN	ERE FINDINGS USE IG CAUSES OF DEA	TH?
TAI The		ERT	21g. ACCIDENT WAS UNDERLY	ING C 21h TIME	OF INJURY		21c. HOW INJURY OCCU	YES NO	YES [		
SION OF VI	certificate riol-transi ental Hygi frem 18 sh		OR CONTRIBUTING CAUS	E OF DEATH HOUR	A.M. MONT	H DAY YEAR	Ziti ilow injoki occol	KRED (ENIER NATURE OF IN.	ORT IN HEM 18, PART	TORPART2}	
JO PHYS	After this c se as the bur alth and Me marked ar H	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	OWN	COUNTY S	TATE
ENDIN tol or	OR: Ai		220.1 certify that (this				d that in (m) (our) apinion	to Prese			we) ast
A ITA	- F- C-		above, (I) (we) (did)	live on 11/2 (did not) view the bod	y ofter death.		DEGREE	desir becomed by the	dole ond noor di	22c. DATE SIGNED	
or o	FUNERAL DIRE		Delra /	Weethan	ner r	40		MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	11/3/22	>
O HOSP	TO FUNERAL D should be defoc with the Stote D IMPORTANT: IF		DEBRA	SLERTHE	IMER	2		ASTERN I	AVE. L	BALTO, Mo	7.
7 5	F 5 5 ≤	23a E	URIAL, CREMATION, REM			23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		UNTY 2/25	ATE
2103BB			Burial	Nov.6	,1982	Morela	nd Mem. Park		Baltimor		
DHMH - 1	6 60M 7/73	24. FL	INERAL DIRECTOR		ADDR	FSS	25a PA	TE REC'D. BY PAGISTRA	R 250 NEGISTRAI	R'S S GN CHEEL	1
(VRA	(4))	I	illy & Zeile	er Inc. 1	901 Eas	stern Ave	· NU	NO BOC	0		

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FOR

STATE	OF	MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO.		
1. DECEASED NAME FIRST	MIDDLE	LA	ST	20. DATE OF DEATH MONTH		HOUR
The second secon	ERIE C.	SAUT	rer	1/	23 82	835
1,56X	4. RACE	5 DATE OF	BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)		UNDER 24 HRS
Female	White	July	19, 1888 YEAR	94	MONTHS DATS H	OURS MIN.
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	□ NEVER MARRIED □	9 BALTIMORE CITY OR CO		
Pennsylvania	USA	WIDOWED		BALTIMORE (	CITY	MD
BALTIMORE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR UNION MEI	EET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Housewife	126 KIND OF B	
USUAL RESIDENCE (IF NURSING HOME OUT IN STATE	ROTHE INSTITUTION GIVE RESIDENCE BER NTY   130. CITY OR TO Baltim	OWN 1	13d. INSIDE CITY LIMITS? YES X NO []	13e STREET ADDRESS 4331 Sheldon	Avenue	
Jacob	Wiest LAST		15 MOTHER'S MAIDEN NAME Catherine	WE	Rebert	
160 WAS DECEASED EVER IN U.S. A		CURITY NO.	17 INFORMANT	ADDRDOY.	lestown, Pa	
no ES, NO OR UNKNOWN) (IF YES, G	212-07-	7483 B	Mr. Gordon J	. Wiest 92 Ch		
18 CAUSE OF DEATH (Enter of	nly one cause per line for (a), (b),	and (c).)			APPROXIMAT BETWEEN ONS	EINTERVAL
a history		ODEATH BUT N	liver neh	slasis x6	months	
190 DATE OF OPERATION 11 2 82 210. ACCIDENT WAS IMPORTUNATED	obstruction &		11/21/1	YES NOW IN C	IF YES, WERE FINDINGS ERTIFYING CAUSES OF YES []	USED DEATH?
OR CONTRIBUTING [] [A	216 TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR 19	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJURY IN ITE	M IB PART I OR PART 2)	
21d. INJURY OCCURRED  NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)	Example:	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
saw the desposed alive or	tall attended the deceased from	0.0	that in (my) (aur apinian o	, ta	3, 1982 that d haur and fram the cau	
23% SIGNATURE	l'bley 41	)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIG	3/82
22d. PHYSICIAN STAME (TYPE	-FOLEY, M.D.		22e ADDRESS UNION ME	MORIAL HOSPITA	AL	
230. BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial	23b. DATE 23 Nov. 27, 1982		METERY OR CREMATORY	Baltimore	county Md.	STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore, Maryland NOV 2 4 1982

ARTIGORAL TOTAL TOTAL TOTAL TOTAL CONFIRM

Balto., Md. 21225

George J. Gonce F.H. 4001 Ritchie Hgwy

REGISTRAR Eleanor Louise Sawyer CERTIFICATE OF DEATH

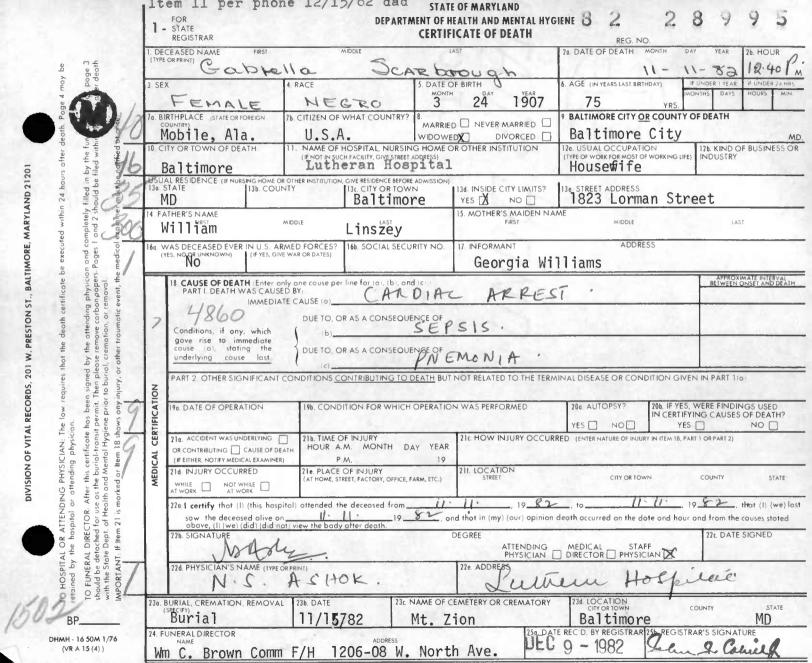
DECEASED NAME

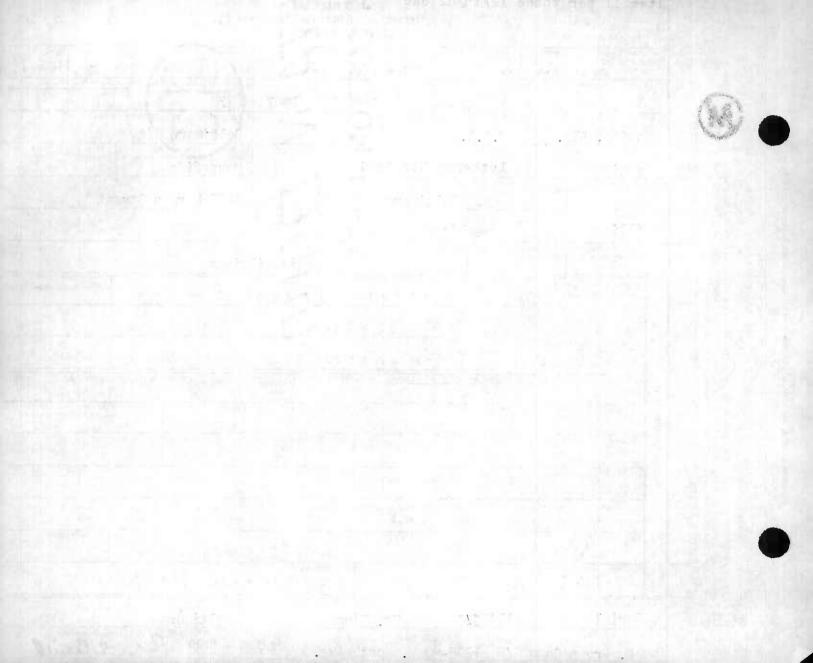
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20 DATE OF DEATH 26 HOUR IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12b. KIND OF BUSINESS OR Housewife 4118 Curtis Ave. (21226) Caskey ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ CITY OR TOWN COUNTY STATE 22c. DATE SIGNED STATE Glen Burnie 25a DATE REC'D. BY REGISTRA

DHMH - 16 50M 1/B1 (VRA 15, 4)

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u u	1	FOR Items 11 & 1	3 Phone DEPARTA	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HY	GIENE 8 2 2	8 9 9 7
7	1	STATE 11-17-82	cn	CERTIFICATE OF DEATH	REG. NO.	
. 74		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
2 2		MARTITA		SCARboRough	11 / 9 / 82	3:56 PM
/ WAT	1.58	-	RACE	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
- VVV	V	REMPLACE STATE OF FOREIGN 76	BIACK CITIZEN OF WHAT COUNTRY?	July 25 1916	F BALTIMORE CITY OR COUN	TY OF DEATH
eorth (22	4 (0)	ROINCA	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore	city MD.
Do to the transport	10 C	BALL HIMER C	(IF NOT IN SUCH EACILITY, GIVE STREET Provident H	G HOME OR OTHER INSTITUTION  ADDRESS)  OSP	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	128, KIND OF BUSINESS OR INDUSTRY
ND 2120	131/5	ALRESIDENCE (PRUSE NG HOME OR OT 136. COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFOR	ADMISSION) N 13d INSIDE CITY LIMITS? YES 17 NO 1	130. STREET-ADDRESS	PARKLAKE DE
ARTIA ARTIA	14. F	THEN S NAME	DOLE POL MASE	15. MOTHER'S MAIDEN N	AME MIDDLE	D. MST
* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	16n V	VAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	ENTO
IMO8	C	(ES, NO OR UNKNOWN) (IF YES, GIVE W	229-05-	9276 Cecil PALM	ref 2919 Wes	Twood Ave.
FON ST., BAL oth certificate anding physics corbonappe corbonappe notice event, the		HE CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	pulmonary c	arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. PRESTON es that the death or held by the attendin please remove cont unial, cremotion, or y, or other traumatic		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)			
DS, 20 parters been parters porty, or	Z	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(a
DIVISION OF VITAL RECORDS, NG PHYSICIAN. The low require otherwing physician. Uter this certificate has been sign as the bursicianist permit. Then the and Mental Hygienn price to be orked or them 38 Mows, any injury orked or them 38 Mows, any injury.	CERTIFICATION	90 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \text{NO} \( \text{\tin\text{\texi\text{\text{\text{\til\tin{\text{\text{\text{\til\titt{\text{\text{\text{\text{\text{
4 OF VITA SECIAN. Til ng physicis certificate ential Hygel flem 18 sh	100	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D.		RRED (ENTER NATURE OF INJURY IN ITEM 18	3, PART 1 OR PART 2)
(VISION of PHYSIC CONTROL OF PHYSIC CONTROL OF CONTROL	MEDICAL	(IF EITHER, NOTIEY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	21f LOCATION	CITY OR TOWN	COUNTY STATE
A A A A A A A A A A A A A A A A A A A		27a.1 certify that (1) (this haspita		9/2/ 19.82	, ta//	, 19 8 2 , that (1) (we) last
2 4 1 2 4 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1		saw the deceased alive an	view the bady after death.	and that in (my) (aur) apiniar	death accurred an the date and h	aur and fram the causes stated
the hose A the hose of toched of the hose of toched of the hose of toched of the hose of t	-	Merguilta	Faulkner	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c DATE SIGNED
O HOSPITAL statined by the TO FUNERAL should be detal with the State	1	22d. PHYSICIAN'S NAME (TYPE OR P	RINT)	22e ADDRESS	- SIRECION - FRISICIAN	1
O FUN to FUN to FUN	1	DR. Malik	Rehman	PROUDER	T HOXDITAL	
101 PRP	23	BURIAL, CREMATION, REMOVAL	23b. DATE (2) 12 14 15 15 15 15 15 15 15 15 15 15 15 15 15	NAME OF CEMETERY OR CREMATORY	123d. LOCATION	COUNTY 57NE
DHMH - 16 60M 1/75	24 E	INERAS DIRECTOR	ADDRESS	254. DA	TE REC D. BY REGISTRAR 256 REG	STRAR'S SIGNATURE
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Mitchell- Wiedefeld 6500 York Rd

(VRA 15, 4)

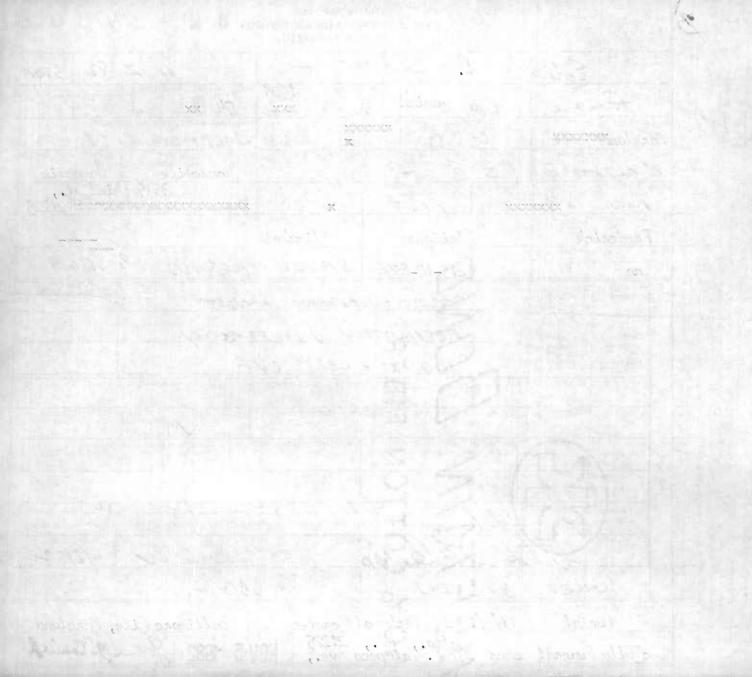
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102	10 C	SALTIMUR.	2	(IF NOT IN SUC	13 G	STREET ADDRESS)	OR OTHER INST	TITUTION	TYPE OF WOR	occupation k for most of we sewife		INDUSTRY	F BUSINESS OR
AND 21 no. 24 hour filled in hould be	130.5	MD )	COUNT	Y	136. CITY OF		2.0	NO 🗆		ADDRESS 3		hind S	
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TIMORE be executed on and control or secuted or secured		VAS DECEASED EVER IN 1 YES NO OR UNKNOWN) (1)		ED FORCES? WAR OR DATES		0-8596	17. INFORMA	IEN C	FILE!	ADDRESS M.D-		530	1-17
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours otherding physician.  There this certificate has been signed by the attending physician and completely filled in the ost the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be lift and Mental Hygene prior to buriol, cremotion, or removal.  The property of the medical examiner must be a strong or the st	NO	18 CAUSE OF DEATH IE PART I. DEATH WAS A GOVERNMENT OF THE PART I. DEATH WAS STORY OF THE PART I. DEATH WAS STORY OF THE PART I. DEATH WAS A GOVERNMENT OF THE PART I. DEATH I. DEATH WAS A GOVERNMENT OF THE PART I. DEATH WAS A GOVERNMENT OF THE PART I. DEATH WAS A GOVERNMENT OF THE PART I. DEATH I.	CAUSED MEDIATE hich iote the lost.	BY:     CAUSE (o)     DUE TO, OI     (c)	CAR. RAS A CON RAS A CON RIC	SEQUENCE OF	ny 1	NShF TCV	FIGUE A NAL DISEAS		ION GIVEN		MATE INTERVAL NISET AND DEATH
TAL RECOI	CERTIFICATION	19a. DATE OF OPERATION				VHICH OPERATIO			20a AUTO	NOW	CERTIFYIN YES [		
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DIVISION DING PHY or offending After this e os the bu olth ond M morked or	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK			EET, FACTORY, C	OFFICE FARM, ETC )	211 LOCATIO	N 7		CITY OR TOWN		COUNTY	STATE
ATTENIA Spitol CTOR: I for us of He		22a. I certify that (1) (thi sow the deceased a above, (1) (we) (did) 22b. SIGNATURE	live on_	4/11		5/-7	nd that in (my)	(our) opinion d	eoth occurre	d of the date	ond hour o	nd from the c	
ITAL OR / by the ho by the ho e detoched store Dept		228 PHYSICIAN'S NAME	16	vena	2/12	& ma	) F	To the same of the	MEDICAL DIRECTOR	STAFF PHYSICIAN	10	120 DATE S	192
TO HOSPITAL (retoined by the TO FUNERAL (should be detoined by the Shore I IMPORTANT: #		GRE	5,	576	FVEN		22e ADDRESS	40	SBG				
<3UP-		BURIAL, CREMATION, REA SPECIFY) Burial	MOVAL	236. DATE 11/5/	-	Parkwoo		teny.		Limone		L. Man	yland
DHMH - 16 50M 1/B1 (VRA 15, 4)	A	Cully Fune	ral t	Homes .	Balta 237 E	Pataps	co Ave.	MA	V 5 1	982	GISTRA	R'S SIGNAVI	rhick



<u>F</u>			51.	ATE OF MARYLAND	13 13	0000
-5	١,	FOR	DEPARTMENT O	FHEALTH AND MENTAL HYG	IENE O 4	29000
		STATE REGISTRAR	CERT	IFICATE OF DEATH		
	-				REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MO	NTH DAY YEAR 26. HOUR
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within within	M.C	ITY OR TOWN OF DEATH 11	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OR OTHER INSTITUTION	12a. USUAL OCCUPATION	
_ 美华多多公	6	2-1:01.05	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST OF WO	
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ND 24 h	1	STATE MARYLANDO COUNTY		136 INSIDE CITY LIMITS?	13e STREET ADDRESS	DERDED (1
			MORE BALTIMORY			REEPER St.
RYLL 2 sh	14. F.	ATHER'S NAME	DIE . LAST	15. MOTHER'S MAIDEN NAM		NELSON
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0 0		couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF			
on of			(c)			
2 5 5 5		PART 2. OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN IN PART 10
RECORDS, Seen sign service sign service to prior to be by sony injury,	Z					
y in Trans	CERTIFICATION				To	
ECO ow re ony ony	3	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY? 20	Ib. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH?
VITAL RE IGNA; The IGNA; The IGNA; The IGNA; The IGNA; The IGNA; The INSTANCE IN INSTANCE	臣				YEST NOT	YES \ NO \
NG PHYSICIAN: The ottending physicion this certificate has as the buriel-transit pit and Mental Hygien orked or Item 18 show	=	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCURR		
IAN: IAN: phys phys of Hys of Hys		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEA	R I I I I I I I I I I I I I I I I I I I	(ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
SKCIAN: TI ng physicin certricate uriol-transif tem 18 sh	¥	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 1			
PHYSICIA ending pl this certif the buriol-tod Aentol d or Item	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION		
//SIOI S PHY frendi rr this the bu and M	NE NE		(AT HOME STREET FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
DIVIS por offer the easthe of the anorked	-	AT WORK NOT WHILE AT WORK		11-	. 1	and the second second
1 0 0 0 E		220.1 certify that (I) (this hospital)	attended the deceased from	103 1082	10 11107	19 8 , that (I) (we) lost
OR ATTEND e haspital or DIRECTOR: A sched for use Dept. of Heal						and hour and from the causes stated
R ATTEN hospital RECTOR red far u spt. of H		sow the deceased alive an obove, (1) (we) (did) (did anti-	ew the body ofter death.	and that in (my) (our) opinion o	seath accurred on the date	ond hour and from the couses stated
OR A book Ched Ched Ched		22h SAGNATURE _ 6	V 1	DEGREE		22c. DATE SIGNED
					MEDICAL STAFF	. 1 . 12
		Allan 18.	abundan Ain	ATTENDING _	MEDICAL STAFF	-/ 111/A/2-14)
		Han E. C.	thinsky M.D.	PHYSICIAN [		11/07/82
by the ERAL e deto		HANE C	shinsby M.D.			11/07/82
by the ERAL e deto		Han E. C.	thinsky M.D.	PHYSICIAN [		11/07/82
by the ERAL e deto		ALAN E. O.	HINSKY M.D	220 ADDRESS  UNIV. OF MO	HUSpiton BY	X 11/07/82 EXTENDE MD
HOSPITAL ined by th FUNERAL vid be dete on the State	230	ALAN E. O.	HINSKY M.D	PHYSICIAN [	HUSA TON BY	OFFINITE MD.
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by the ERAL e deto		BURIAL, CREMATION, REMOVAL SPECIFY	HINSKY M.D	PHYSICIAN 220 ADDRESS  WWW. OF MO F CEMETERY OF CREMATORY  and Mem. Cem	HUSA HOL, BY  123 LOCATION CITYOR TOWN Ba	OCTIMURE M.D.  county state  ltimore Md
TO HOSPITAL retained by the TO FUNERAL should be determented.		BURIAL, CREMATION, REMOVAL	236. DATE / 236. NAME O 11/11/82 More	PHYSICIAN 220 ADDRESS  WWW. OF MO F CEMETERY OF CREMATORY  and Mem. Cem	DIRECTOR PHYSICIAN  POSA TON. BY  123 LOCATION  CITY OR TOWN  BA  EREC'D. BY REGISTRAP 25b	OCTIMURE M.D.  county state  ltimore Md
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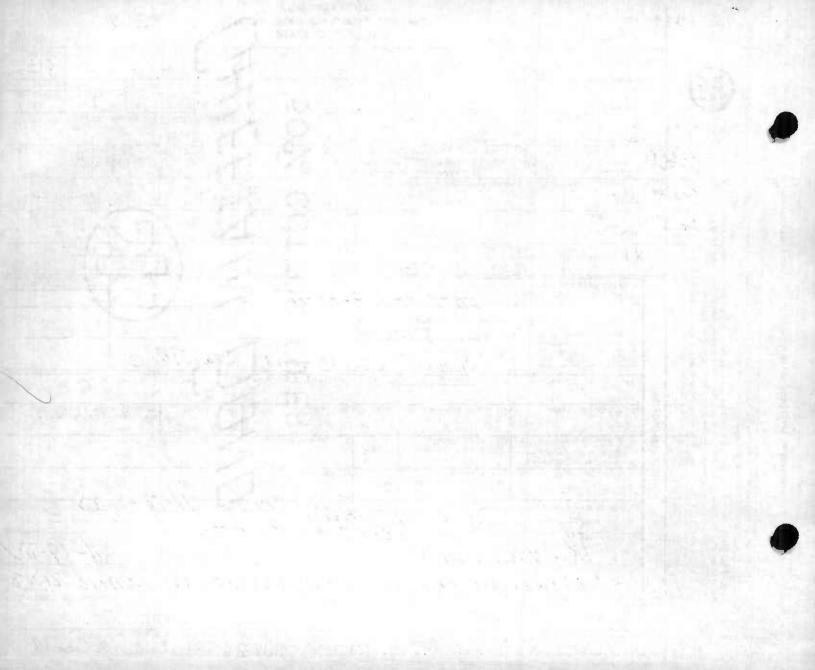
3	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8 2 2 REG. NO.	9004			
D - 3		CEASED NAME FIRST HEIDI	E.	SCHULTES		1982 25 HOUR 12:03 A			
(M)	3. SE	Female	Cauc.	March 30, 1964	6 AGE (IN YEARS LAST BIRTHDAY) 18 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.			
011885		RTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76. CITIZEN OF WHAT COUNT		RAITIMORE CITY OR COUNTY OF DEATH				
	10. C	BALTIMORE	11. NAME OF HOSPITAL, NUE	RSING HOME OR OTHER INSTITUTION OPRINS HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126 KIND OF BUSINESS OR INDUSTRY School			
24 hour	130.5	STATE No. CO	OBOTHER INSTITUTION GIVE RESIDENCE BE TUNTY 136. CITY OR T A. Gambri		134 STREET ADDRESS 2588 Davidson				
maryla ed within ompletely ond 2 sh		Oskar	H. Schult	es Anna	MIDDLE	Queiser			
IMORE,		VAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (IF YES,	CHIEF WALL CON CO. LEGAL	ECURITY NO. 17. INFORMANT 4-1781 Oskar Sch		rills, Md. idsonville Rd.			
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Iow requires to the requires to the requires to the remit. Then ple the prior to burious visony injury, or the remit to th	ATION	PART 2. OTHER SIGNIFICAN HODGENS 190 DATE OF OPERATION	disease	TO DEATH BUT NOT RELATED TO THE TER		VEN IN PART 110.			
	CERTIFICATION	210, ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU	INCERTI	FYING CAUSES OF DEATH?			
DIVISION OF VITAL  NG PHYSICIAN: The ottending physicion ther this certificate h os the buriol-tronsit th odd mental Hygies hodd Mental Hygies orked or tem 18 sho	MEDICAL O	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED		19 211. LOCATION	CITY OR TOWN	COUNTY STATE			
OZ SS	2		ispital) attended the deceased fro	om_10/17 19_8	2	19_\$2, tho (we) lost			
L OR AT the hosp L DIREC- to Dept. or If from 1:		obove (II) Sel end (did	not) view the body ofter deoth.	9 82, and that in (my) our) opinion  M. DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF	. DATE SIGNED			
O HOSPITAL TO FUNERAL should be det with the Stote		Diane C	. Young, N		kins Hospital,	Baltimore, Md.			
BP		Burial, CREMATION, REMOV	11/10/82	Lakemont Cemeter  Lakemont Cemeter	y Davicsonvill	e, Marylanc			
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 F	NAME		Wie, Mc. 250.D	OV 9 1982	TRAN'S SIGNATURE.			

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		CEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEA	EG. NO.	DAY YEAR	26 HOUR
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oge Jose		EMALE INTHPLACE (STATE ORF	201.0	CAUCAS	IAN WHAT COUNTRY?	11	09 01	80	YRS		
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105-	B	ALTIMORE			H FACILITY, GIVE STREET H HOME		ITAL	HOUSE	MOST OF WORKING LIF	E) INDUSTRY	
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certifico iriol-tro entol Hy ttem 18	_	OR CONTRIBUTING C	AUSE OF DE	ATH HOUR A.	M. MONTH DA		21c HOW INJURY OCCU	KKED (ENTER NATURE	OF INJURY IN ITEM 18 P.	ART 1 OR PART 2)	
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	CEASID NAME 20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	CHARLES E. SCOTT 11/1/	52
5	A 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	M B 12 13 37 44 YRS	
875	IRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED . NEVER MARRIED . 9 BALTIMORE CITY OR COUNTRY)	TY OF DEATH
3/6	N.C U.S. A WIDOWED DIVORCED & BAIT	imore city "
5.10	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	126. KIND OF BUSINESS O
78	BA 10 (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY
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つ眠り	STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS  YES NO 1 34. 59 C L	10
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8/11	FIRST MIDDLE CLAST FIRST MIDDLE	LAST
100	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT O ADDRESS	Laughlin
14/	YES, NO OR UNKNOWN) [IF YES, GIVE WAR OR DATES]	2 = 1
4/	NO 1 - 1343-56-9916 Wm Mc Laughtin	S. 565+ +
7. 0	18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEAT
0 1	IMMEDIATE CAUSE (0) HEMORKHA G. 6 FROM JUSTOR	
5 5		
r froum	Conditions, if any, which (16) CANCEL BIGHL PINIFORM SINUS	
1	gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF	
other	underlying cause last.	
y, or	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF	GIVEN IN PART 110
njury,		
ony i	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF Y	ES, WERE FINDINGS USED
S S S S S S S S S S S S S S S S S S S	YES   NOT IN CER	TIFYING CAUSES OF DEATH?
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or Item 1	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
or the	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e, PLACE OF INJURY 21I. LOCATION	
morked	WHILE NOT WHILE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
Jork	AT WORK — AT WORK	92
.2	27a.t certify that (1) (this haspital) attended the deceased from	_, 19 that (I) (we) !
m 21	abaye, (I) (we) (did) (did not) view the body after death.	-
H Hem	276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF	221 DATE SIGNED
IMPORTANT: H	PHYSICIAN DIRECTOR PHYSICIAN	11/2/00
MATA	220 PHYSICIAN'S NAME (TYPE OF PRIN) 228 ADDRESS	//
Od	Robert CIAKO 22 S. GREEN St	1
≥	BURIAL, CREMATION, REMOVAL 236. DATE, 230. NAME OF CEMETERY OR CREMATORY 236. LOCATION	
	Burial 11/6/82 Bollin Green Westches	LOUNTY D STATE
4 (80	UNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 251 PEG	STRAR'S SIGNATURE
M 4/B2	LOPHON R. RAILEY TRUE N-OALKONS 1982 SAG	0 6

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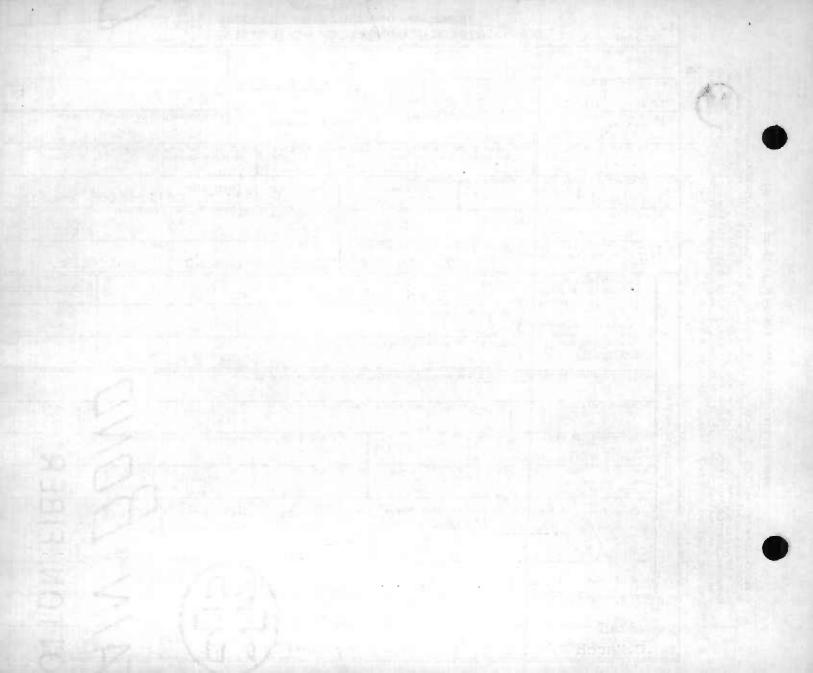
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20 00		WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b SOCIALS	SECURITY NO. 17. INFORMANT BA	CTP. ADDRESS Y	nd 21747
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NG PHYSICIAN: The law requirateding physician.  After this certificate has been signs the burial-transit permit. They thank and Mental Hygiene prior to backed or them 18 shows any injur	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
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DING PI ar after the as the alth and		AT WORK AT WORK	pital) attended the deceased fro	om_ 10 / 14 19 8	7 . 11/2	
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8 4 8 9 d a		27b. SIGNATURE	ot) view the body ofter death.	DEGREE		22c DATE SIGNED
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5 g 5 d x x X	23a	BURIAL, CREMATION, REMOVA		234 NAME OF CEMETERY OR CREMATOR	RY 23d LOCATION	CAUSIEV
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BALTIMORE, cote be execut ysicion and co ppers. Pages I val.		VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES. GI MNO	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SE 212-30		17 INFORMANT Effie	Bowse	ADDRE er 2311 R		Ave.2	21217
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,  NG PHYSICIAN: The law requires that the death certific ther this certificate has been signed by the attending ph os the buriol-transit permit. Then please remove carbon p th and Mental Hygiene prior to buriol, cremation, or remo orked or frem 18 shows ony injury, or other troumottic ever	No	PART I. DEATH WAS CAUSE  Gooditions, if ony, which gove rise to immediate couse to, stating the underlying couse lost  PART 2 OTHER SIGNIFICANT (	DUE TO, O  (b)  DUE TO, O  (c)	R AS A CONSEC	QUENCE OF	NOT RE <b>[</b> ATED TO		AL DISEASE OR CONE		IN PART 1(0)	
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R ATTENDING hospitol or o RECTOR: After ned for use os ppt. of Health	9.	22a. I certify that (I) (this hospital the decreased alive or above, I) we raid and all the 22b. SIGNATURE	11-	e deceased from	82_, on		r) opinion de	oth occurred on the do	te and hour and		
O HOSPITAL O etroined by the certoined by the Chukeral District the store Drawth and Sto		22d. PHYSICIAI A THAME (TYPE C	OR PRINT)	EY		22ª ADDRESS		MEDICAL STAF			
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HMH - 16 50M 1/B1 (VRA 15, 4)		MERAL DIRECTOR		AODRES:	5	Arronia	NOV	REC'D. BY REGISTRAR	Sb. REGISTRAR	SSIGNATUR	RE

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	A WENE	(),,,	COR PRINTI	Floye	b		So	cott	DEATH	MATED XX	11	3 1982	\ N
	4694	3. SEX		4. RACE	5. DATE OF BIRTH			DER 1 YR. IF UNDER			MONTH	DAY YEAR	24 HOUR 9:47
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	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BATIMORE, MARYLAND, 2	23e.8	URIAL, CREMA	TION, REMOVAL 2	23b. DATE	23c. NAME	OF CEMETERY		23d. LOCATION		COLICE	,	
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Wm.C.March F/H Inc 1101 E. North Avenue

STATE OF MARYLAND

CERTIFICATE OF DEATH

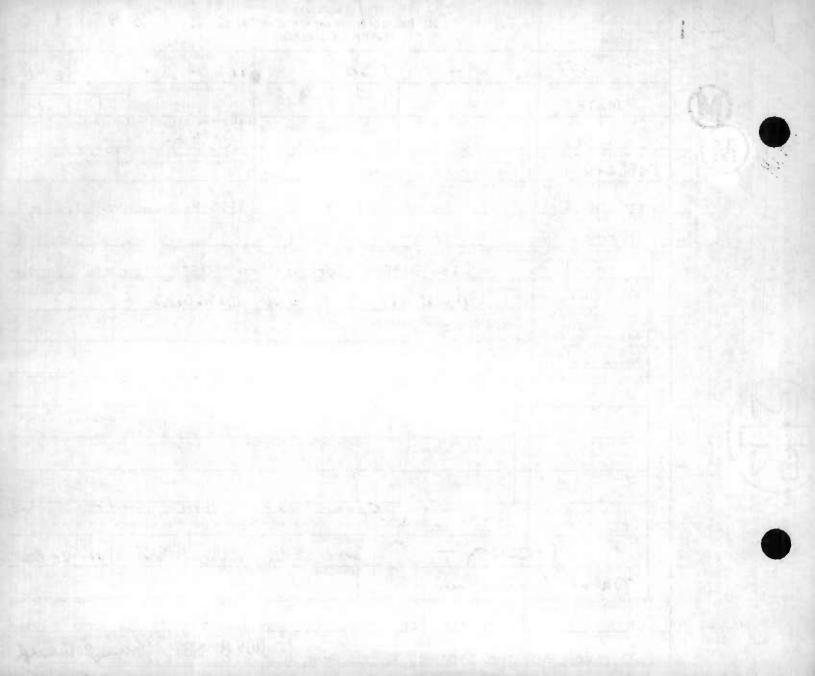
DEPARTMENT OF HEALTH AND MENTAL HYGIENE C

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DHMH - 16 50M 4/82

(VRA 15, 4)

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3410 E. Baltimore St. IMMEDIATE CAUSE (O) CARDIORESPIRATORY ARREST SECONDARY TO DUE TO OR AS A CONSEQUENCE OF HEPATORENAL FAILURE SECONDARY PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE COUNTY 82, and that in (my) our opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN HOSPITAL CORPORATION BROADWAY BALTIMORE MD. STATE 24 FUNERAL DIRECTOR ADDRESS Anatomy Board Balto., Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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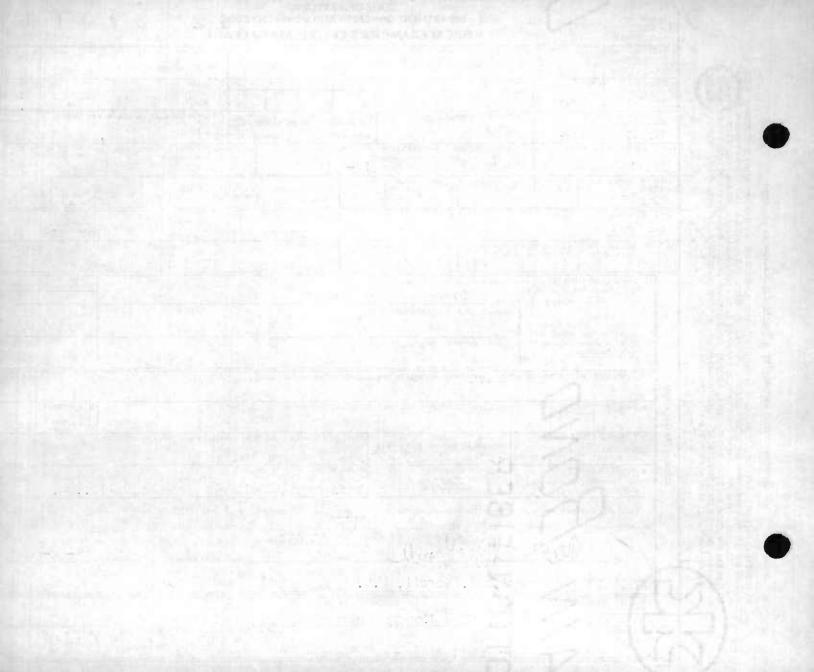
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Burial

DHMH - 16 50M 1/81 (VRA 15, 4) 1 - STATE REGISTRAR

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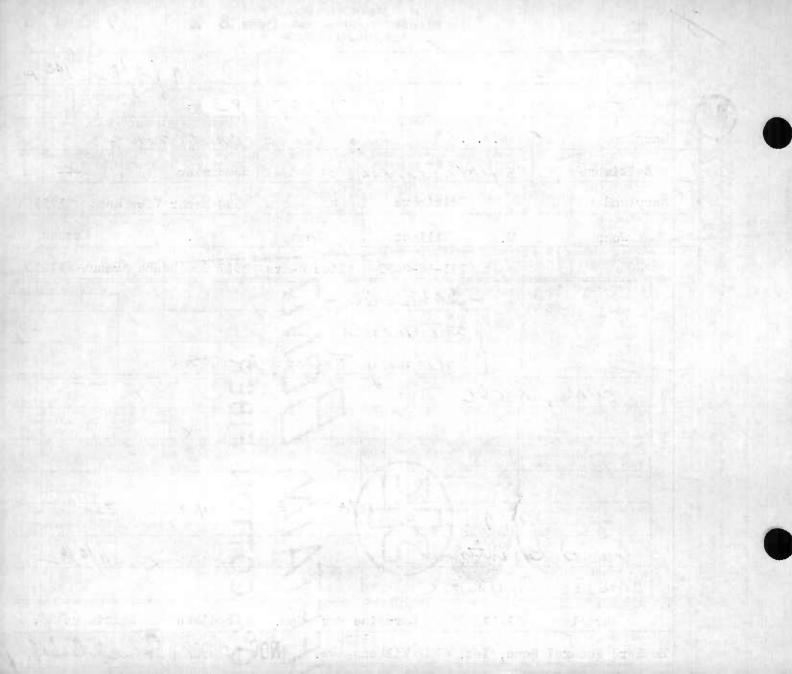
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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

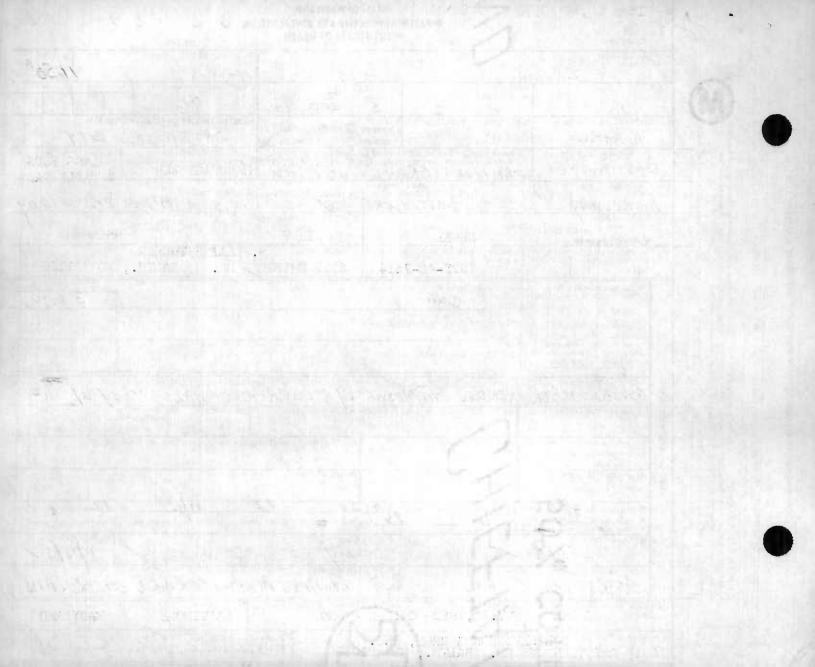
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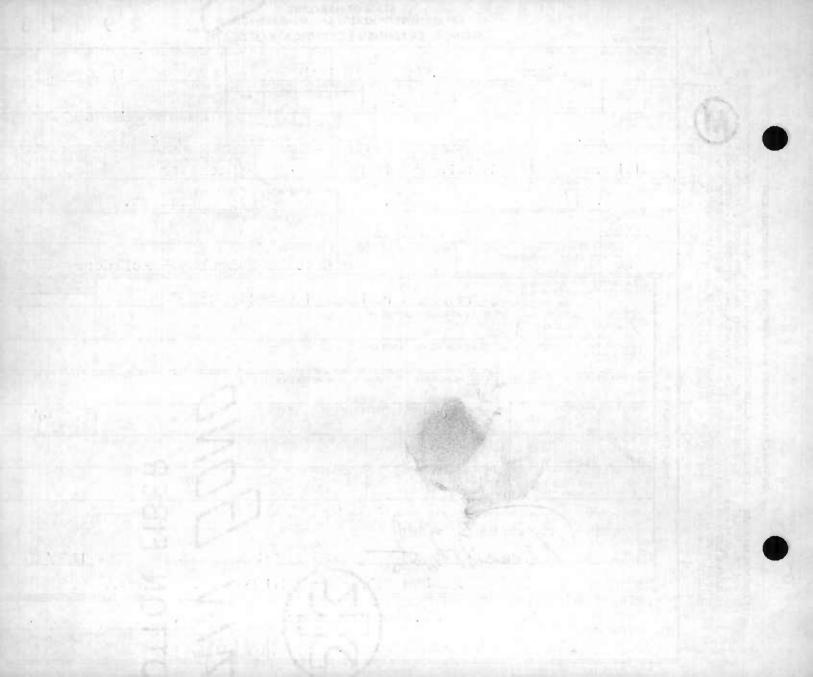


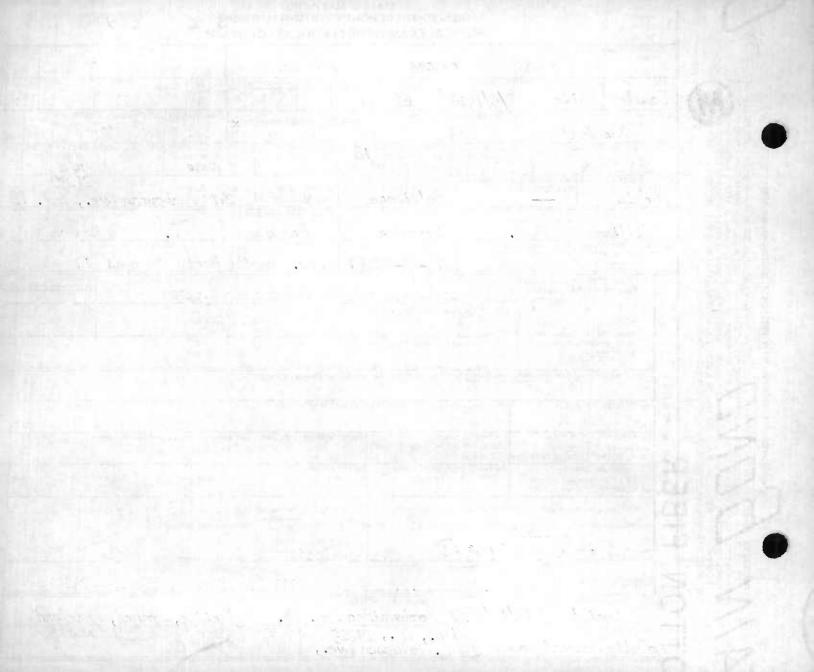
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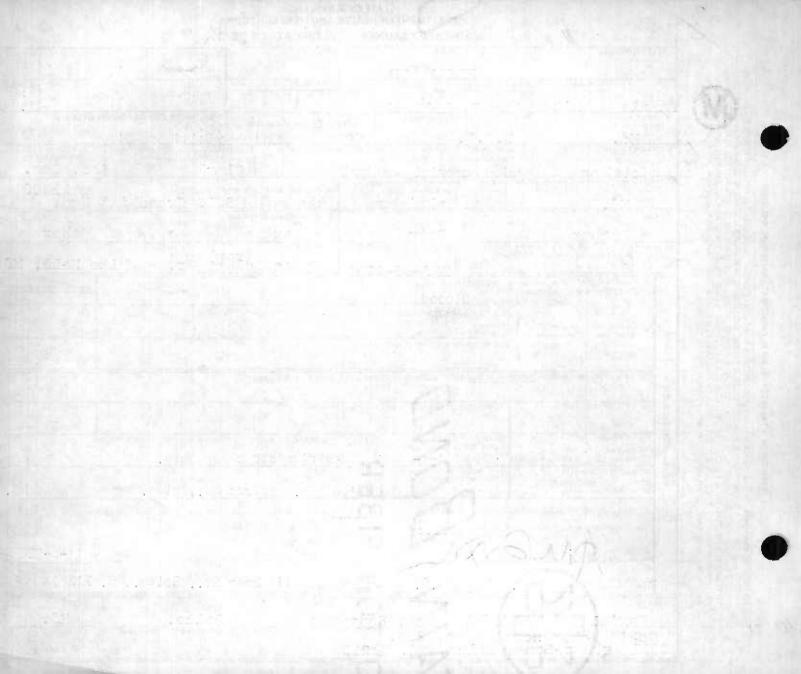
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7	30. S1	Md.	TY	13c. CITY Ba	or town		AE2 🔀	NO [	130 STREET	ADDRESS Vine	st.		118	OF THE
y'	4. FA	THER'S NAME Wilbert	MIDDLE		Seigel		15. MOTHER FIR	R'S MAIDE	EN NAME	MIODLE	0.1		LAST	- 25
1	60. W	AS DECEASED EVER IN U.S. ARM S. NO, QRUNKNOWN) (IF YES, GIVE V			CIAL SECURITY	NO.	17. INFORM	ANT		ADI	DRESS			
	116	NO (IF YES, GIVE V	VAR OR DATES				Este.	lle	Seige	1 503	McD	lde	rry A	7303
7	CERTIFICATION	Canditions, if arry, which gave rise to immediate cause (a) stating the <u>under-lying cause last</u> PART 2 OTHER SIGNIFICANT CONDITIONS C	(c)	UT NOT REL	NSEQUENCE O ATED TO THE TERMIN	NAL DISEASE			RT 1 (a).				20PWE044	YAL
1	TIE								-				YES X	NO 🗌
		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		MONTH	19	21c. HC	OW INJURY (	OCCURRE	D (ENTERNATU	RE OF INJURY IN	TEM 18 PART 1	OR PART 2	)	
	MEDICAL	WHILE NOT WHILE AT WORK	21e PLACE O STREET, FACTO				TREET		Сп	Y OR TOWN		COUNT	IA.	STATE
		22a I certify that I too harge	Thomas D.	18/4	Suice		Homicic TITLE (SP Deputy	y Chi				DATE SIGNED	11/7/	'82
2	30. BL	RIAL, CREMATION, REMOVAL 23 Burial	11/13/82		name of cem L. Zion				23d. LOCA CITY-OR TO	Ito.		COUNTY	1	STATE
		NERAL DIRECTOR				-		49 4	REC'D. BY REC	SISTRAR 256	REGISTRA	AR'S SIG	NATURE	el
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20M 4/82





DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME 20 DATE KNOWN KT MONTH LTYPE OR PRINTI ESTI-DEATH MATED 4 19 82 MARY ELIZABETH SELWAY 4. RACE S. DATE OF BIRTH HINOM IF UNDER 24 HRS DATE LAST RIRTHDAY) PRONOUNCED DEAD 19 82 White 63 YRS Female 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE O MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED DIVORCED Md Baltimore City 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFES Soc. Sec. Clerk Baltimore Union Memorial Hospital 21206 3a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 5615 Greenhill Ave. Baltimore YESKS NO [ Md 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE AIDDLE LAST Baker Martha Luther Petry 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS DIVISION (YES, NO. OR UNKNOWN) I (IF YES GIVE WAR OR DATES James Selway Jr. - White Hall, Md no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PERMIT. BETWEEN ONSET AND DEATH MENTAL HYGIENE, N, OR REMOVAL. PART I DEATH WAS CAUSED BY Closed head trauma MAMEDIATE CAUSE (a)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c. CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? RECUTE THE CERTIFICATE, WRITING THE WORD "F FAGE 4 SHOULD BE FORWARDED TO THE FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED FFER DEATH, WITH THE STATE DEPARTMENT OF BALLIMORE, MARYLAND, 21201 PRIQR TO BURIAL YES X NO [ 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR XXX XMONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 7:50PM. 11-4-Pedestrian struck by auto. 1982 21e PLACE OF INJURY JATHOME 21 LOCATION STREET, FACTORY, FARM, ETC.) COUNTY Md. WHILE WHILE AT WORK 7100 blk. Harford Rd. . Balto. road 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Accident X Hamicide Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL 11-5-82 MD Assistant MEDICAL EXAMINER SIGNATURE 111 Penn St., Balto., Md. 21201 EXAMINER'S NAME Ann M. Dixon, M.D. (TYPE OR PRINT) 23e BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY Balto. Md. 11/8/82 Holy Redeemer Buria 250. DATE REC'D, BY REGISTRAR 25 POISTRAR'S SEGNATURE Schimunek Funeral Home, Inc. DHMH . 17 3331 Brehms Lane, Balto. Md. 21213 (VR A15 ME (5)) 20M 4/B2



	1-	FOR STATE REGISTRAR	DEPARTA	NENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	2.	9 0	2 1
1		CEASED NAME THEIR	THELMA MERRICK S		eward	20. DATE OF DEATH	HINOM	9 82	26. HOUR 440A A
	3. SE	F	Laucacian	5. DATE C		6. AGE (IN YEARS LAST BIRT	HOAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
3		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DED NORCED	9 BALTIMORE CITY O	_	City	M
1	1	Baltimore City	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, Sinia Hospt.		DR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAKET			F BUSINESS OR
33		AL RESIDENCE (IF NURSING HOME OF TATE MD 13b. COU	R OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW Balto Ci	N	13d INSIDE CITY LIMITS?	130. STREET ADDRESS	ong	Island	Av
Pa	14 FA	THER'S NAME Howard F. Cunn	ingham		Anna Patt	MIDDLE		LAST	
medical		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SECU 217-05-8		Mrs. Charlo	3791 Cast tte E. Ferk	le Dr Ler-	.Hampste 21074	ead,Md.
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nlury, o	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIV	EN IN PART 110	
2	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDIN FYING CAUSES	IGS USED OF DEATH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18. F	PART I OR PART ?)	
rked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
Ë		saw the deceased alive ar	itol) ottended the deceosed from		nd that in (my (our) opinion	death accurred on the do	/ G		that (I) (we) ast couses stated
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Loudon Park Cem.

DHMH - 16 50M 4/82 (VRA 15, 4)

Burial

11/12/82 24 FUNERAL DIRECTOR
Mitchell-Wiedefeld Home-6500 York Rd. 21212

Baltimore City
BY REGISTRAR 256 REGISTRAR'S SIGNATE
15 1984 25a DATE REC'D

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 20 DATE OF DEATH 25 HOUR 5:30A · M November 4,1982 K. Shanklin 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) July 20, 1898 White 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED

2	I M	laryland		U.S.A		WIDOW	VED X	DIVORCED [	Balti	more	City,		MD.
20		ITY OR TOWN OF DEA	тн 11.	(IF NOT IN SUC	H FACILITY, GIV	URSING HOME E STREET ADDRESS)		NSTITUTION	120 USUAL O	FOR MOST C	F WORKING LIFE		
150		altimore				Nursing			Rest	aurai	it Sel	f-Employ	red
35	13a S	AL RESIDENCE (IF NURS STATE Maryland	13b COUNTY		13t. CITY O			E CITY LIMITS?	13e. STREET A 4402	DDRESS <b>Mar</b> l	ole Ha	11 Road	
	14 FA	ATHER'S NAME					15. MOTH	R'S MAIDEN NA	WE	0.00			
De	)	Charles	MIDI	E.		isman		Annie		M.		Berg	er
		VAS DECEASED EVER	IN U.S. ARME		166 SOCIA	L SECURITY NO.	17. INFOR	MANT		ADDRE	SS		
	No		(IF FES, GIVE W	AR OR DATES)	217-0	01-6740	Char	les H.	Burrier	3D 1	Lemon	Grove Ct	. 21030
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99	AL CERTIFICATION	Conditions, if ony, gove rise to immr cause (o), stating underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WAS UND  OR CONTRIBUTING CIFETHER NOTIFY MEDIC	nediate g the last.  NIFICANT CON  OFFICIAL STATE OF THE	DUE TO, OF	R AS A CON R AS A CON TION FOR V  FINJURY M. MONT	SEQUENCE OF PERTEN IG TO DEATH BU	S ( T)  IT NOT RELATED N WAS PER		200 AUTOL	PSY?	20b. IF YES, IN CERTIFY	, WERE FINDING YING CAUSES OF	
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DHMH - 16 50M 1/81 (VRA 15, 4)

STATE

1. DECEASED NAME

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REGISTRAR

Female BIRTHPLACE (STATE OF FOREIGN

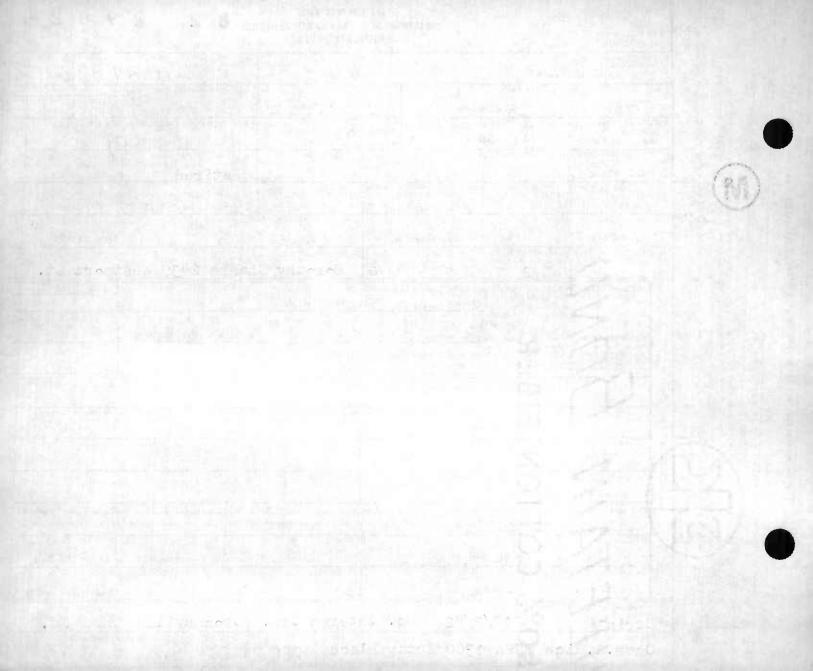
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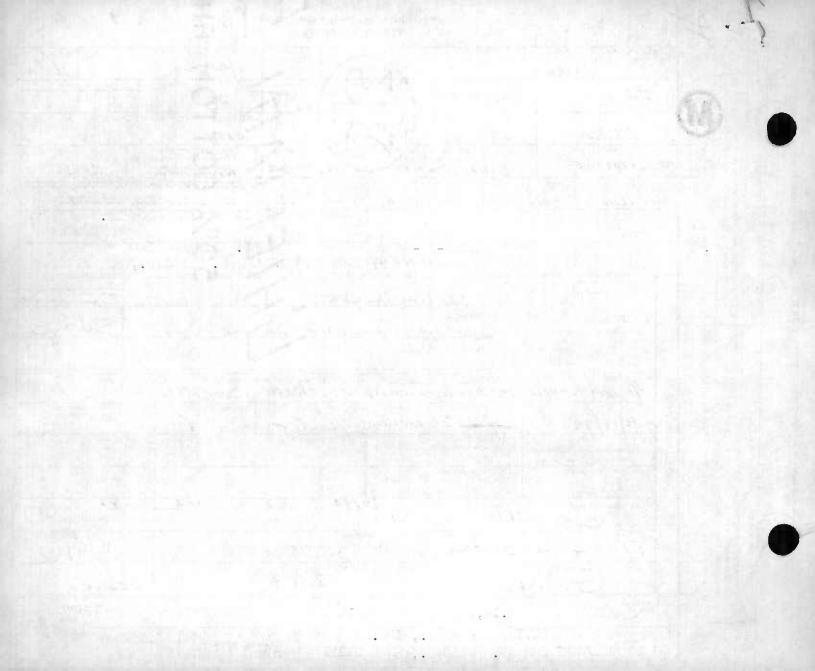
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Moreland Mem. Park Cem. Parkville, Balto., Md. Burial Nov.6,1982 24 FUNERAL DIRECTOR 1050 York Road

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

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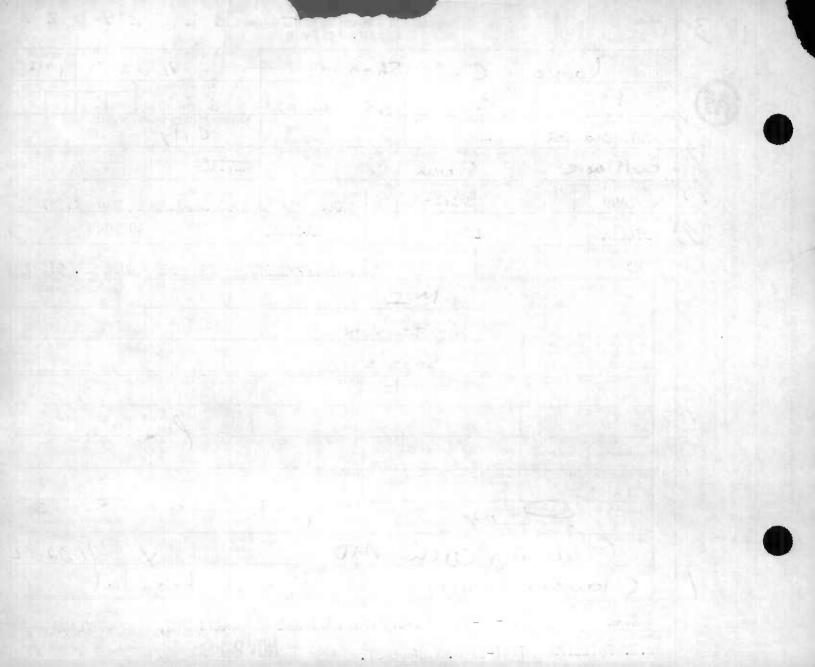
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DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The law requirantending physician.  After this certificate has been signs the burial-transit permit. Then	brio i	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION	WAS PERFORM	MED	20a AUTOPSY? 20	b. IF YES, WERE FIND CERTIFYING CAUSE	INGS USED	
he los	e le	TE						YES NO	YES []	NO [	
Physicial Physic	8 sh	CER	21a. ACCIDENT WAS UNDERLYING			21c. HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)		
SION OF VITY PHYSICIAN: T ending physici this certificate the borial-transi	Item 1		OR CONTRIBUTING CAUSE OF DEA			7794 - 771					
YSICI ding p	ar Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	. 19	211 LOCATION	1				
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of of of of	3 3	23a. B	URIAL, CREMATION, REMOVAL		3c. NAME OF C	EMETERY OR CR	EMATORY	736. LOCATION	<del>\</del>		
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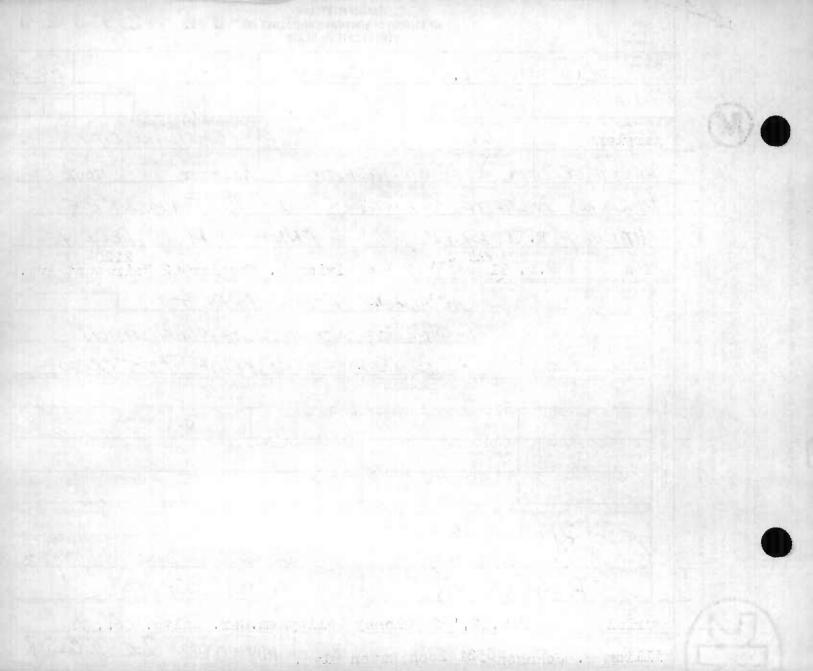
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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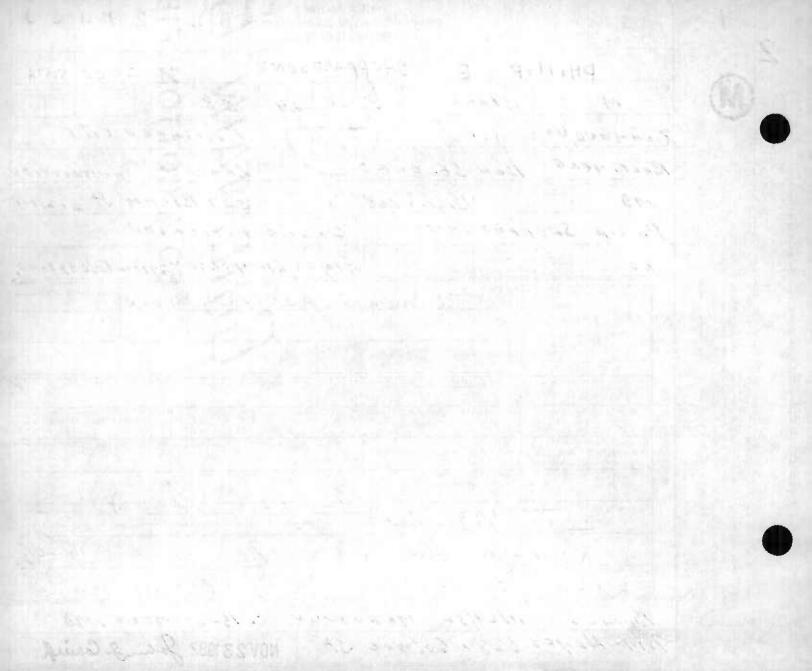
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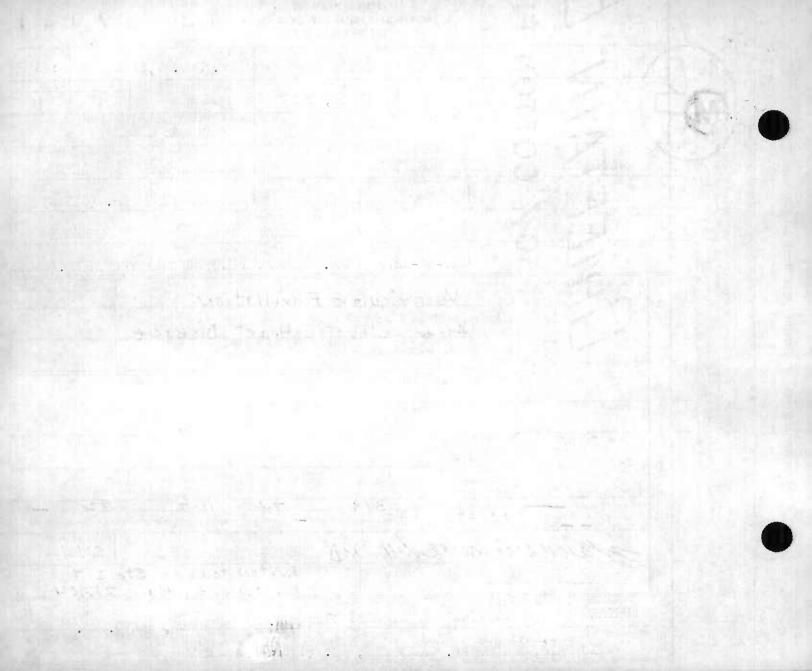


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MARYLAND 2120 red within 24 hours ond 2 should be fill exomine me the	13a	AL RESIDENCE (IF NURSING HOME STATE 131 CO	OR OTHER INSTITUTION	DN GIVE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	[ 50)	C Fit UE.
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ARY	14. F/	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAST
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ST., BAL		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	SED BY:			nicotena.	irrest	BETW	PROXIMATE INTERVAL
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, ING PHYSICIAN: The law requires that the deoth certificate be executed the physicion and construction of the busiol-tronsit permit. Then please remaye carbon papers. Pages the ond Mantal Hygiene priar to burial, cremation, ar remayol. or ked arrifem 18 shows any injury, or other troumdire event, the medical arked arrifem 18 shows any injury, or other troumdire event, the medical		PART 2. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	Tilo
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law re law re ermit. I e priar s any jis	ICA	19a DATE OF OPERATION	196. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	NDINGS USED USES OF DEATH?
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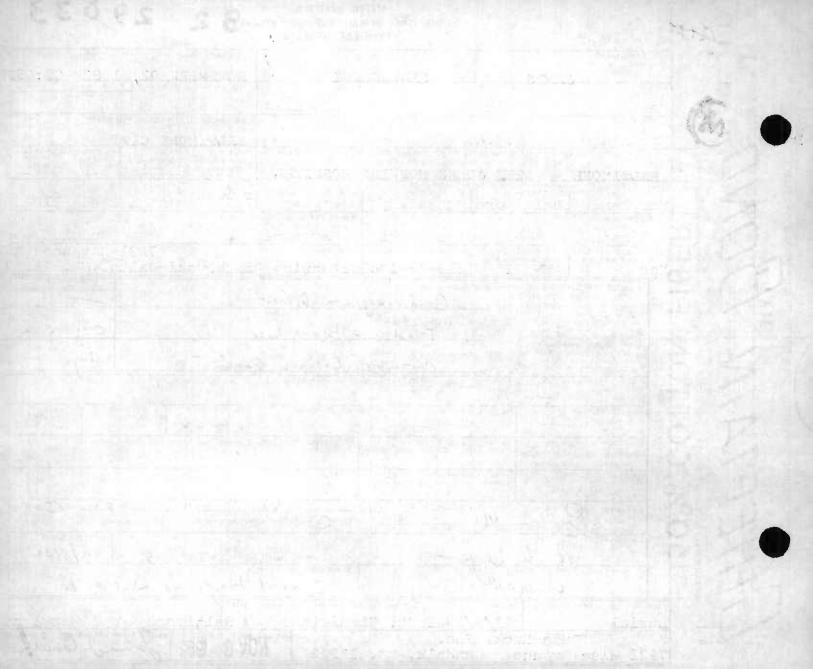


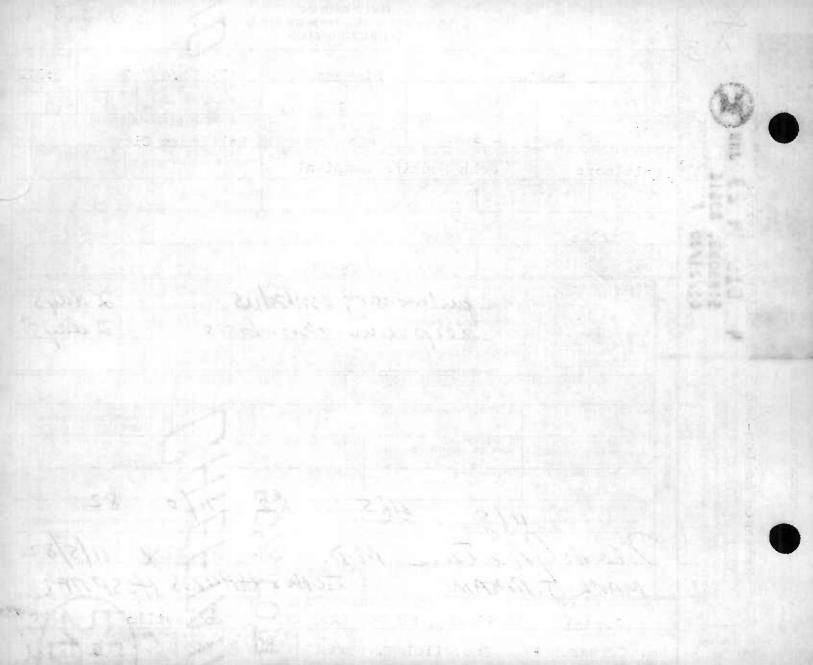
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



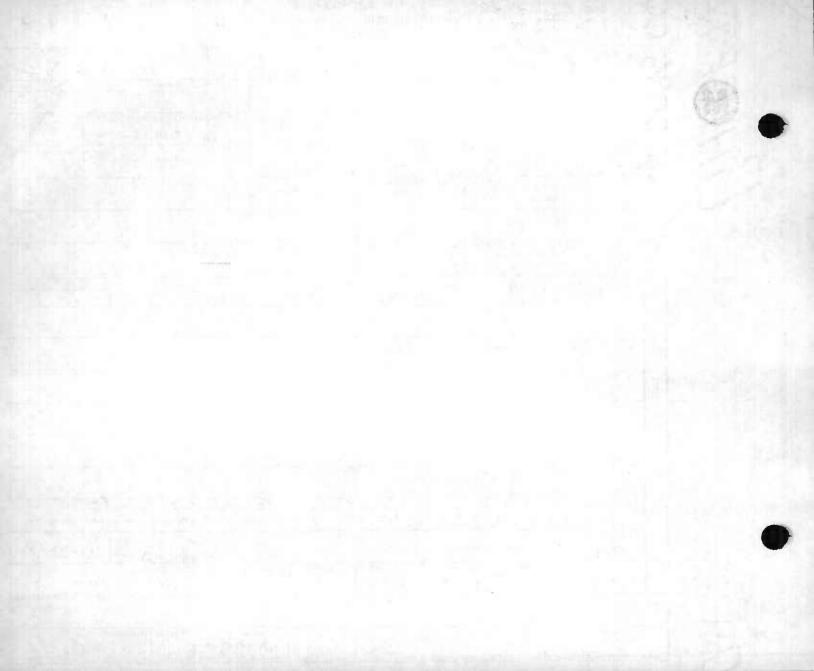
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6 96	78-1131 M
1 14	3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIR(HDAY) IF UNDER 14 HAR IF UNDER 24 HRS
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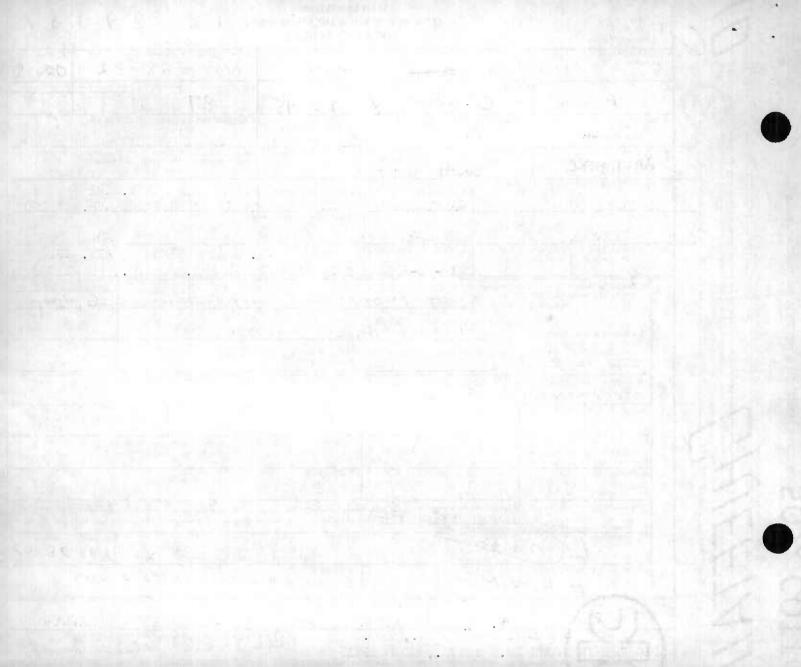
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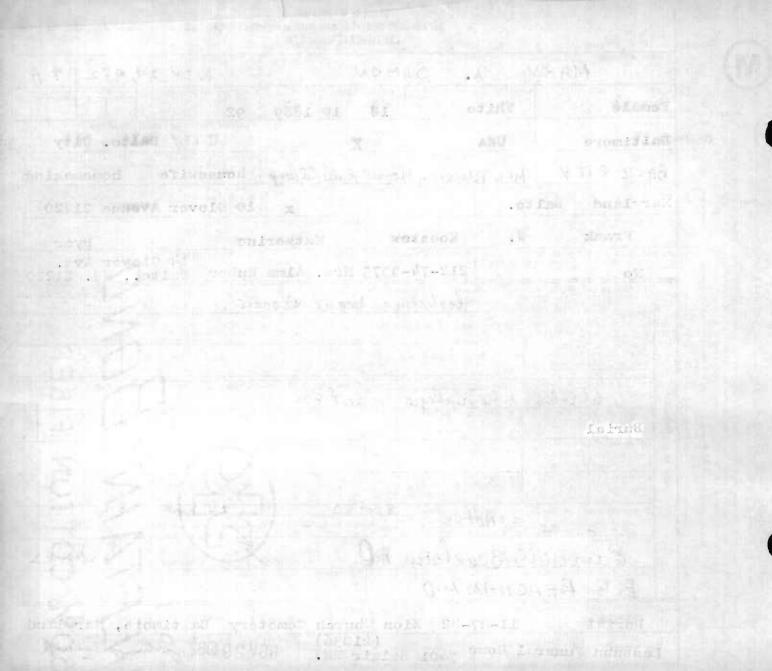
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OF VITA  KEIAN. T  g physic of the physic of	OR CONTRIBUTING TO CAUSE O	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)
DEVISION offered on the order of the ond Mee	(IF EITHER, NOTIFY MEDICAL EXAM)  21d. INJURY OCCURRED  NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		P. I. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pitel or TOR At for use of of Health	220.1 certify that (1) (this h	aspital) attended the deceased from 1/12 5/5 and view the bady after death.	2 3	that in (my) (aur) apiniai	, ta 11/23/8 death occurred an the date	and hour and fram the causes stated
At DR At OR At DREEd and DREEd best Charles Dept of the month Dept of the Manual Control	origel E. A	2. Jackman	M·D DE	GREE ATTENDING PHYSICIAN	MEDICAL STAFF ☐ DIRECTOR ☐ PHYSICIAN	11/23/8L
O HOSPII Peined by O FUNER Peoul fibe	1220 PHYSICIAN'S NAME (T	PEORPRINT) · R. Jackma		Provident 2600		s. Belt and
130 PBP	230 BURIAL, CREMATION, REMO (SPECIFY) BURIAL			METERY OR CREMATORY St. Cemete	CITY OR TOWN	COUNTY STATE Md.
DHMH - 16 60M 1/75 (VR A 15 (41)	24 FUNERAL DIRECTOR NAME Wm.C.Narch F/	ADDRES	S	25a. DA	TE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE





DHMH - 16 50M 1/81 (VRA 15, 4)

1110	1 -	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYI EALTH AND ICATE OF	MENTAL HY	GIENE 8	2 REG. NO	2	9	3 3 8
	(TYPE	CEASED NAME FIRST MAR	γ A	SI	MO				NOV	24,	- 0	7 A N
	3. SE	× emale	4. RACE Whit	e	5. DATE C		1889	6 AGE (IN YEA	ARS LAST BIRTH	MC	NIHS DATS	IF UNDER 24 HRS
K		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8		MARRIED	9 BALTIMOR				
		Altimore ITY OR TOWN OF DEATH	USA	IOSPITAL, NURSIN	WIDOWE		NORCED []	12a USUAL O	CCLIBATIO		to. C	ity MD
0	B	ALTO CITY	MFL N	H FACILITY, GIVE STREET	ADDRESS)	- 0 1	CIHAP	TYPE OF WORK F		WORKING LIFE)	INDUSTRY	
5	13a. S <b>M</b> 2	aryland Ba	ROTHER INSTITUTION INTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW		13d. INSIDE	NO X	13e STREET AL	DDRESS O <b>VE</b> I	Avei	nue 2	1220
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2		MAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	212-74		Mrs.		Huber	ADDRES 14 Ba	Clovelto.	ver A	ve.
	CATION	Conditions, if any, which gove rise to immediate cause (o1, stating the underlying cause last  PART 2. OTHER SIGNIFICANT  BY DATE OF OPERATION	DUE TO, OR  (c)  CONDITIONS CO	AS A CONSEQUE  TAS A CONSEQUE  INTRIBUTING TO D  Mylegic  TION FOR WHICH	DEATH BUT	Sept 8	32	VINAL DISEASE		20b. IF YES, V	WERE FINDI	NGS USED
7	CERTIFICATI	710. ACCIDENT WAS UNDERLYING	21b. TIME OF	IN II IRV		121/ HOW/III	LILIPY OCCUPE	YES TI	NO	YES		OF DEATH?
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	23a. B	BURIAL, CREMATION, REMOVA (SPECIFY)  Burial	236. DATE 11-2'				CREMATORY  1 Ceme	23d. LOCAT	RIOWN	imore	COUNTY Ma:	ryland
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Law Funeral Home 4611 Park Heights Ave.

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DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

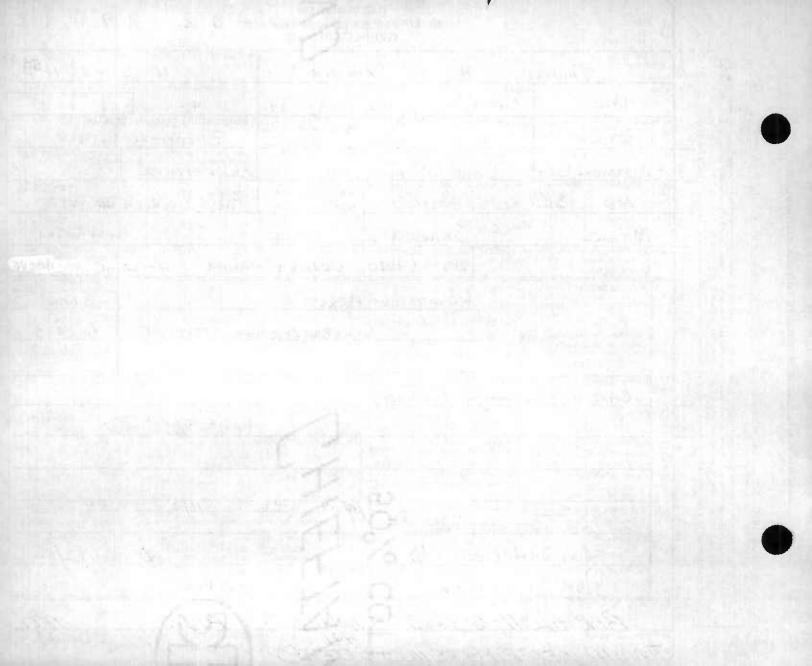
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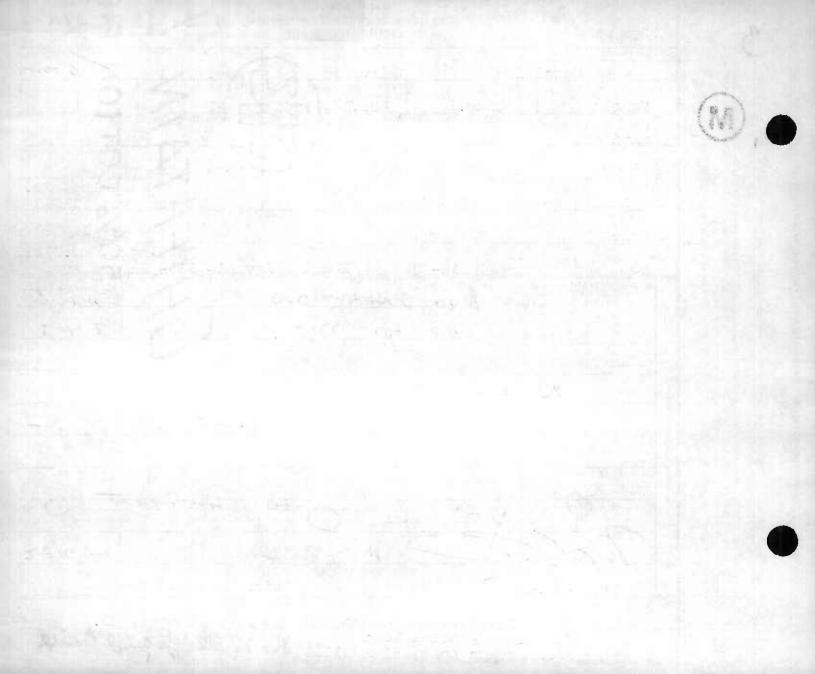
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<b>≪</b> o <sub>u</sub> o <sub>d</sub> o <sub>d</sub>		SEX	4. RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY	) IF UNDER I YEAR IF UNDER 24 MRS
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-W&# 7</td><th>7</th><td>BALTIMORE</td><td>(IF NOT IN SUCH FACILITY, GIVE STREET THE JOHNS HOP</td><td>ADC*555)</td><td>12a USUAL OCCUPATION  [TYPE OF WORK FOR MOST OF WOR</td><td></td></tr><tr><td>212 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td><th>10</th><td>SUAL RESIDENCE HE NURSING HOME OF</td><td>OTHER INSTITUTION GIVE RESIDENCE BEFOR</td><td>ADMISSION)</td><td>SECURITY G</td><td>UARD PROTECTION</td></tr><tr><td>LAND Political</td><th>2</th><td>MARYLAND 136 COUR</td><td>BALTIM</td><td>ORE YES X NO</td><td>3016 McEL</td><td>DERRY ST. 21205</td></tr><tr><td>Ser San</td><th></th><td>JAMES C</td><td>FILMORE SITES</td><td>IS MOTHER'S MAIDEN NAME FIRST</td><td>ME MIDDLE</td><td>WERNER</td></tr><tr><td>MORE e execu</td><th>16</th><td>WAS DECEASED EVER IN U.S. AR</td><td>E WAR OR DATES!</td><td></td><td>ADDRESS</td><td>21205</td></tr><tr><td>BALTIMORE  Solution and a spers. Pages you!</td><th></th><td>YES (IF YES GIVEN</td><td>III 219109L</td><td>07 LORRAINE</td><td>STENGEL 26</td><td>29 E. MONUMENT S</td></tr><tr><td>ili de la la</td><th></th><td>PART I. DEATH WAS CAUSE</td><td>oly one couse per line for (0), (b), on D BY:  TE CAUSE (a) CONGU</td><td>m . 1 . 1 0</td><td>TILURE</td><td>APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</td></tr><tr><td>W. PRESTON ST at the deoth cert by the ottending I by the ottending I cremove-coaleant</td><th></th><td>14148</td><td>DUE TO, OR AS A CONSEQUI</td><td></td><td></td><td></td></tr><tr><td>. PRES</td><th></th><td>Conditions, if only, which gave rise to immediate</td><td>(p) RC481</td><td>AIC CARDIOM</td><td>TOPATHY</td><td></td></tr><tr><td>by the assertent of their other other of their other o</td><th></th><td>cause (a), stating the underlying couse lost</td><td>DUE TO, OR AS A CONSEQUE</td><td>ARY ATTERY S</td><td>32A3910</td><td></td></tr><tr><td>S, 201</td><th></th><td>PART 2 OTHER SIGNIFICANT C</td><td>100</td><td>DEATH BUT NOT RELATED TO THE TERM</td><td>IN AL DISEASE OR CONDITIO</td><td>N GIVEN IN PART I I I</td></tr><tr><td>ORDS</td><th>_ 3</th><td>ANSWA</td><td></td><td>LITUS</td><td></td><td></td></tr><tr><td>NL REC</td><td>CERTIFICATION</td><td>190. DATE OF OPERATION</td><td>196. CONDITION FOR WHICH</td><td>OPERATION WAS PERFORMED</td><td>20a AUTOPSY? 20b.</td><td>IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{VES} \)</td></tr><tr><td>OF VITA CIAN: TI physici physici physici physici physici physici physici m 18 sh</td><th></th><td>000000000000000000000000000000000000000</td><td>216. TIME OF INJURY HOUR A.M. MONTH DA</td><td>21c. HOW INJURY OCCURR</td><td>ED (ENTER NATURE OF INJURY IN IT</td><td>EM 18 PART I OR PART 2)</td></tr><tr><td>HYSICIA nding ph his certifi buriol-ti d Mental or Item</td><th>AEDICA:</th><td>(IF EITHER NOTIFY MEDICAL EXAMINER</td><td>P.M.</td><td>19</td><td></td><td></td></tr><tr><td>DIVISIO DING PHY or offend After this is os the b oilth and A morked or</td><th>1946</th><td>21d INJURY OCCURRED  WHILE NOT WHILE AT WORK</td><td>21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F</td><td>ARM, ETC.)  211 LOCATION STREET</td><td>CITY OR TOWN</td><td>COUNTY STATE</td></tr><tr><td>END!</td><th></th><td>220.1 certify that (1) (this haspit saw the deceased alive on</td><td>al) attended the deceased from</td><td>1012 19.82</td><td>_, to</td><td></td></tr><tr><td>ATT lospit ed fo ot. of em 21</td><th></th><td>above (I) (we) (did) (did not</td><td>view the body affin death.</td><td></td><td>death accurred an fhe date an</td><td>d hour and from the causes stated</td></tr><tr><td>by the hoy the hoy the hoy the hoy the hoy start. DIREC detached State Dept. If them</td><th></th><td>William</td><td>C. Signime</td><td></td><td>MEDICAL STAFF DIRECTOR PHYSICIAN</td><td>221. DATE SIGNED</td></tr><tr><td>O HOSPITAL etoined by the TO FUNERAL with the State with the State MADORTANT:</td><th></th><td>220 PHYSICIAN'S NAME (TYPEO)</td><td>6MUND</td><td>JOHNS HOPE</td><td>KINS HOSP</td><td>ITAL</td></tr><tr><td>117/12</td><th>23</th><td>BURIAL, CREMATION, REMOVAL</td><td>10.0</td><td>AME OF CEMETERY OR CREMATORY</td><td>23d. LOCATION CITY OR TOWN</td><td>COUNTY</td></tr><tr><td>0/0/BP</td><th>24</th><td>BURIAL FUNERAL DIRECTOR</td><td>11/18/82</td><td>CROWNSVILLE VA</td><td>CROWNSVI</td><td></td></tr><tr><td>DHMH - 16 50M 1/B1 (VRA 15, 4)</td><th>24</th><td>De Coach</td><td>2716-18 E.M.</td><td>21205 1 25 100 V</td><td>1 7 1982 RAR 25</td><td>GISTRAR'S COMMENT</td></tr></tbody></table>						

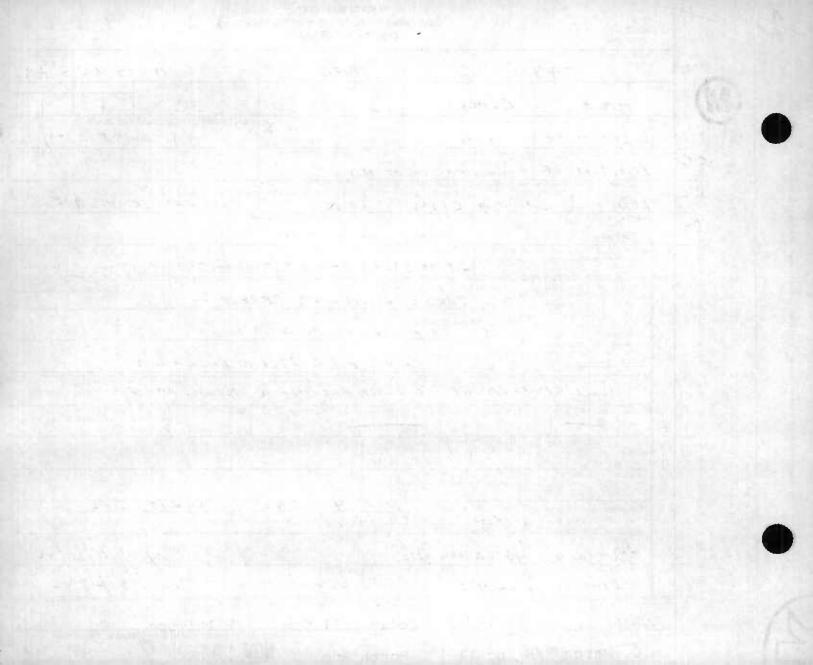
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	Nai		CEASED NAME FIRST		MIDDLE	LA	LST.		26. DATE OF DEATH		Y YEAR	26. HOUR 53
	8 7 4	[ TYPE	THOMA	5	M.	SK	ARUPA		1000	11 3	82	11 AM
	To an	3. SE	X .	4 RACE		5. DATE O		YEAR	6. AGE   IN YEARS LAST	BIRTHDAY)	FUNDER 1 YEAR	IF UNDER 24 HRS
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	如為 致	1	RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	MARRIED	NEVER M.	ARRIED -	9. BALTIMORE CITY			
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LAND 21201	iin 24 hou y filled in should be	13a. S	AL RESIDENCE (IF NURSING HOME OF	O, CITY	BALTO.	CITY	13d. INSIDE CIT	Y LIMITS?	130. STREET ADDRES	VERLEA	MA	8/206 VE.
RYL	- 12 E	14. F/	THER'S NAME	MIDDLE	LAST	EV.	15. MOTHER'S		AE MIDDLE	II EMILE	1 -> 145	1
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IMORE	n ond con medico		VAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES, GI WALNOWN)	RMED FORCES? VE WAR OR DATES)	213 -34.		17. INFORMAN	-	KAWPA	37/5	OUE	RIEA
., BALT	ficate b physicio popers novol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	ED BY:	line for to), (b), or RESARA		ARREST					MATE INTERVAL ONSET AND DEATH
N ST	ding		4360 IMMEDIA	TE CAUSE (a)	R AS A CONSEQU	ENCE OF a					1	71102
ESTO	death ottend ove co ntion, o		Conditions, if ony, which	( (b)_	R AS A CONSEGU	ENCEOF	ENERM	VASCU	LAR ACCII	DENT	6	DAYS
W. PR	that the d by the ease remi ol, crema		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, O	R AS A CONSEQU	ENCE OF						
5, 20	gned on ple burio ny, or		PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED 1	O THE TERM	INAL DISEASE OR CO	NDITION GIVE	N IN PART 110	
RECORDS	requestion since or to by injury	10 10	CARDIAC AR			MONIA				Tan In Inc.		
IL REC	he low on. hos bee t permit ene prio	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFOR	MED	200 AUTOPSY?	IN CERTIFY YES	WERE FINDIN	OF DEATH?
OF VITA	YSICIAN: The ding physicion bis certificate buriol-transit Memtal Hygies or frem 18 sho	1	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	FINJURY M. MONTH D M.	AY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	T I OR PART 2)	
DIVISION OF	OING PHYSI or ottending After this ce e as the buri olth and Mer	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE			21f. LOCATION	N	CITY OR	TOWN	COUNTY	STATE
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	ATTE DSpite DSpi		sow the deceased alive ar above, (1) (1) (1) (1) (1) (1) 22b. SIGNATURE (1)	n at) view the body				gwr) opinion (	death accurred an the	date and haur	22c, DATE	
	by the hby the hby the he edetoche Stote Dep		JON S	MANER	on, MD		DEGREE At Pi	TENDING HYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN D	(1)	3/82
	HOS Inned FUN Sould b		22d. PHYSICIAN'S NAME ITYPE	CHREI	BER	P.	220. ADDRESS	25.	GREENE	ST		
	or o		BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CI	REMATORY	23d LOCATION		40000	stall d
77	3 BP		SURIAL BURIAL	11-6	-825	757	ARKSL	ANS	BAZ	70	COUNTY	m
di	DHMH - 16 50M 4/82	24. F	JNERAL DIRECTOR	,	ADDRESS		401	25a. DAT	F REC'D. BY REGISTRA	AR 216. REGISTR	AR'SOIGH AT	welf
	(VRA 15, 4)	0/	DOWN MEL	ERIK	SORBIR	100	Chest	741101	0 1002	0		

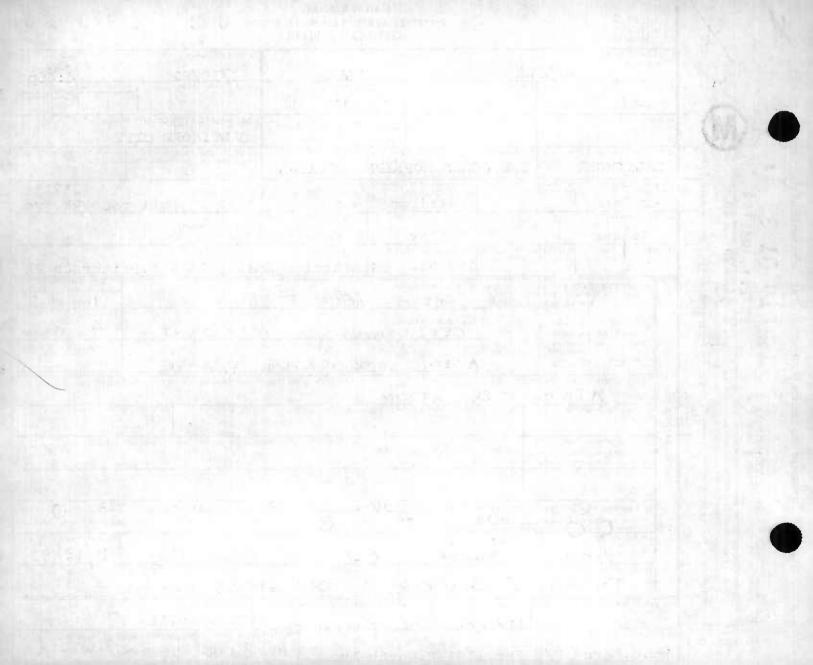




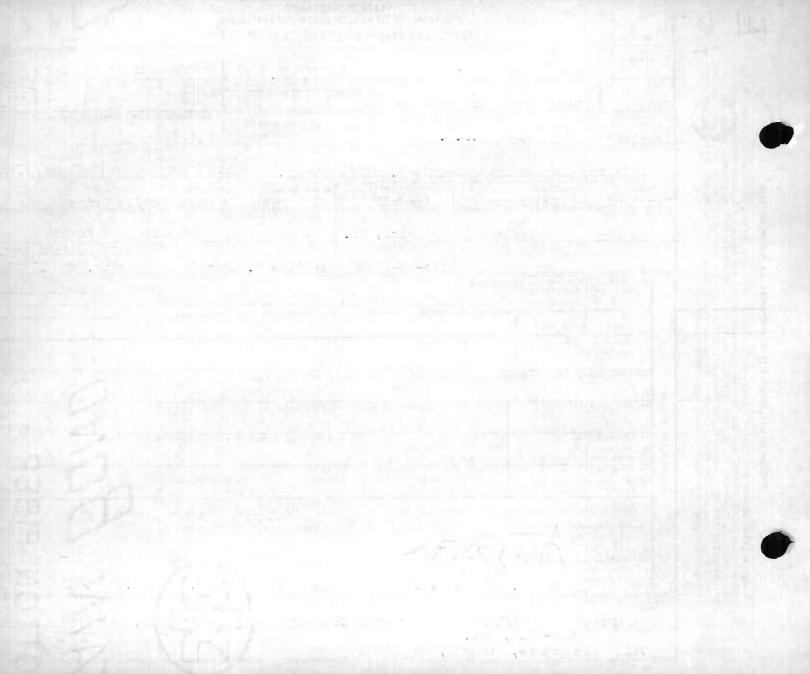
4			STATE OF MARYLAND	54 64 6	2 12 12 12
1	FOR STATE REGISTRAR	DEPAR	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		4 9 0 4
200	I. DECEASED NAME FIRST	WIDDLE	LAST	REG. NO.  2a. DATE OF DEATH MONTH	DAY YEAR 26 HO
* ******	(TYPE OR PRINT)	ES G.	SIATER	11	15 82 537
A	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER
11	MALE	BLACK	6 12 50	32 YRS	
1/1	To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	
FL	Washington Dc	USA	WIDOWED DIVORCED	BALTIM	LORE CITY
20	M. CITY OR TOWN OF DEATH	THE NOT IN SUCH FACILITY, GIVE STRE		120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSIN
10	BALTIMORE.	UNIVERSITY	OF MD		
5-575	130 STATE	INTY 13c. CITY OR TO	WN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 4210 PARIC H	bicus AVF
g g	4 FATHER'S NAME	ALTINOM CITY	YES NO 15. MOTHER'S MAIDEN N		E17/13 /102
d 2	FIRST	MIDDLE LAST	with.	MIDDLE	Estep
	James 60 WAS DECEASED EVER IN U.S. A	G. Slate		ADDRESS	Apt.C
Poges	(YES, NO OR LINKNOWN) (IF YES, G	1 218-48-	3784   Agnes L.S	Slater 3905 Pe	949
the the		inly one cause per line for (a), (b), o			APPROXIMATE IN BETWEEN ONSET A
pop nove ent,	PART I. DEATH WAS CAUS	ED BY:	10. 1	RREST	
Le de le	1 3 O MANEDIA	ATE CAUSE (a) CPIC-DIE	7.0	7-239	
no it	0387	DUE TO, OR AS A CONSEO	JENCE OF	~	
roor	Conditions, if ony, which gove rise to immediate	(b) Me	TABOLIC ACIDOS	13	
her	cause (a), stating the	DUE TO, OR AS A CONSEO	JENCE OF		- 1 H
or of	underlying couse last.	(0)	EPTICENIA - DU		
to bur njury,		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	
prior ony	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF Y	ES, WERE FINDINGS US
Swe 4	Ĭ	- I			TIFYING CAUSES OF DE. YES NO
Hyg 8 sh	210. ACCIDENT WAS UNDERLYING			RRED (ENTER NATURE OF INJURY IN ITEM 1	8 PART 1 OR PART 2)
and and	OR CONTRIBUTING CAUSE OF DE	AIR	19		
o A	(IF EITHER NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY
s med	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM ETC.)	CHIOKIONI	
mo m	220.1 certify that (1) (this hasp	oital) attended the deceased from	NOV 14 19 8	2,10,100/5	. 19 8 2 , that [1
2 F F E	sow the deceased olive o	NOV.15 19.	82 , and that in (my) (our) opinio	n death occurred an the date and h	
e p c	22b. SIGNATURE	ot) view the body after death.	DEGREE		22c. DATE SIGNE
F #	Day 1. 1st	Holland, n	ATTENDING	MEDICAL STAFF	11/10/0
\$ Z-7	22d. PHYSICIAN'S NAME (TYPE		PHYSICIAN  22e ADDRESS	DIRECTOR PHYSICIAN	11/13/0
RTA			IL NIAL .	site of Ma. 1	40 petal
with the Str	DARLA	HOLLAND	bordoca	119 01 1100 1	103900100
, = ,	23a BURIAL, CREMATION, REMOVA (SPECIFY)		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY
	BURIAL	11/19/82	Cedar Hill Cem .	Baltimore	Co.
M 4/B2	24. FUNERAL DIRECTOR		25a. D.	ATE REC'D. BY REGISTRAR 25b. REC	STRAR'S SIGNATURE
4)	Wm. C. March F	/H The 1101 E	North Arro	VAV 1 9 1982 4	1 9 Cm



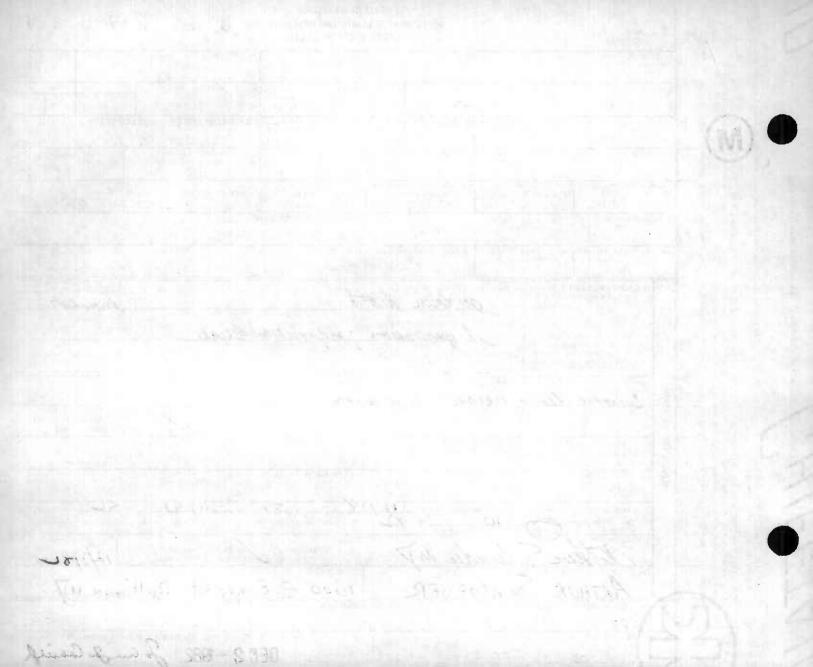
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		CEASED NAME FIRST	MIDDLE	3710	LAST		2a. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
/ be ge 3 leoth	11112	WALI	ER		SMILEY		11/18/82		4:46pm
mo)	3. SE:	K .	4. RACE	5.	DATE OF BIRTH	ARVB	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE	
- 1		male	Black		11 12	80	7	4 YRS.	
0 0099	i	RTHPLACE ISTATE ORFOREIGN COUNTRY) JNKNOWN	76. CITIZEN OF WHAT COU	٨	AARRIED A NEVER	MARRIED .	BALTIMORE CITY OF		MD.
on other of		ALTIMORE	THE JOHNS				120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		O OF BUSINESS OR
AND 212	13a. S Ma	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUI	NTY 13c. CITY C	CE BEFORE ADM OR TOWN timor	e YES X	NO 🗆		Patterson	21213 Pk.Ave.
MARYL mining models ond 2 st	14. FA	Walter		ley	15. MOTHER	S MAIDEN NA. FIRST	MIDDLE		LAST
MORE,		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES!	AL SECURITY			miley 151		rson Pk
ON ST., BALT		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for (o) ED BY: TE CAUSE (o) CAC	(DIA	- HAVE	ST		1	en onset and death m meguste
201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 es thorthe deoth certificole be reconed within 24 hours and complisely falled in to please remove carbon pages. And a state of the please remove carbon pages. The fall is to please remove carbon pages. The manifest recommendation or removal.		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A COL	NSEQUENC ROSCL	SPOTE VA	SCULAR		E	6 hours
bs, sign hen i to bu	Z	ATRIA				DIO INE IERN	MINAL DISEASE OR COINE	DITION GIVEN IN FAKT	na.
has been permit. I see prior	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR			DRMED	20a AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS YES	
DIVISION OF VITAL RECORDS,  NG PHYSICIAN-The low reguin to attending physicide, fifer this certificate been sign os the buriot-transit permit. Then th and Mental Hygiene prior to b orked or them 18 shows only injury		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MON	TH DAY	YEAR	VJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART	?)
UG PHYSICU offending price this certification is the buriol- hond Mentolinication in the control of the control	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY		ETC ) 21f. LOCAT)		CITY OR TO	WN COUNTY	STATE
t OR ATTENDIN the hospitol or t DIRECTOR: Al stockhold for use a s	7	220. I certify that (1) (this hosp saw the deceased alive or above (1) (we) (did) (did no 22b. SIGNATURE	oty view the Body ofter death		DEGREE	(our) opinion  ATTENDING PHYSICIAN [	death accurred on the de	22c. DA	_,,,,
TO HOSPITA etpined by TO FUNERA should be de with the Stot		224 PHYSICIAN'S NAME (TYPE		MBER	22e ADDRE	SS	PKINS HO		
Of of Market	23a. I	BURIAL, CREMATION, REMOVAL	L 23b. DATE	23c. NAM	NE OF CEMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
804BP		BURTAL, UNERAL DIRECTOR	11/24/82	Md	. Vetera	n Gem.	Crownsv TE REC'D. BY REGISTRAR		Md.
DHMH - 16 50M 4/B2		NAME OF COMMENTAL TO A		DDRESS		NO	V 2 2 1982	joan Je	Comila



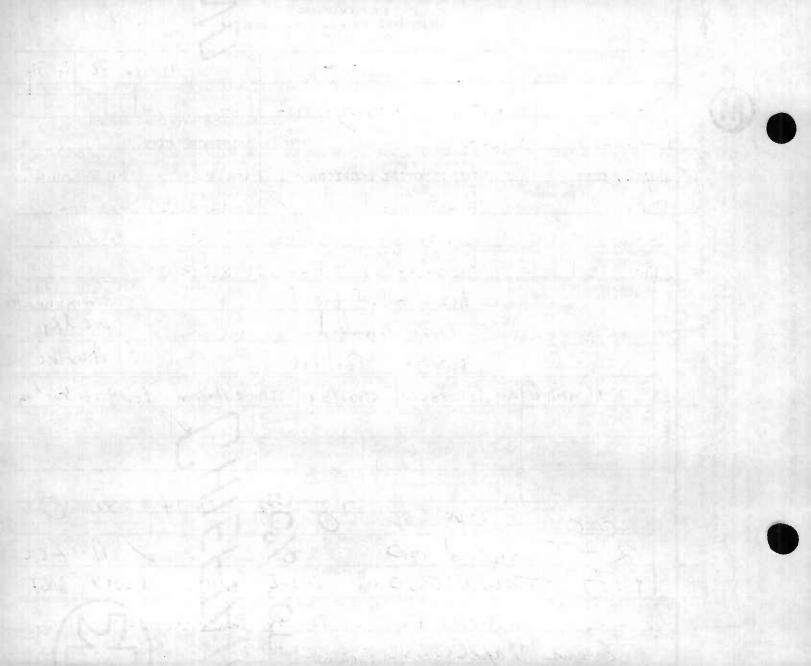
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		1	CEASED NAME	FIRST		MIDDLE			AST	JA110			REG. N				
			E OR PRINT)	11031		WIDDLE			LASI		20	DATE K	ESTI-	MONTH	DAY	YEAR	26. HOUR
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	46358	3. SEX	4. RAC		DATE OF BIRTH		6. AGE (IN YEA			IF UNDER	24 HPS 2	. DATE		MÖNTH	DAY	YEAR	M HOUR
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	の記録を		RTHPLACE (STATE OR	71	CITIZEN OF WI	HAT COUNT	RY?	8.	- RELIE	VER MARRIE	9	BALTIMO	RE CITY	OR COUN	TY OF D	EATH	
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80	33×38	-	Arthur		idley		mith,			na		Catr	nerin			mer	
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ti.	DO 18 18 18 18 18 18 18 18 18 18 18 18 18		18 CAUSE OF DEAT	M (Enter only o	ine cause per line v.	tar (a), (b),	and (c).)								BETWI	EEN ONSET	AND DEATH
Z	TENERS!		4797	IMMEDIATE (	CAUSE (a) A	rterio	sclero	otic	cardi	ovasc	ular	disea	ase				
9	9=3=69		/-/-				EQUENCE C				100	40.00			- 1		
53	皇皇を受工者		Canditians, if	any, which	1										7.70		
8.	FORES		gave rise to		(b)									- 12			
3	083-30		cause (a) stating lying cause last.	the <u>under</u>	DUE TO, OR	AS A CONS	EQUENCE O	F							11 -47		
92	EXXXXX		Tyring coose last.		(6)										3 - 1		
8	SPASSE		PART 2 DINER SIGNIFICAN	IT CONDITIONS CON	TRIBUTING TO DEATH	DIST NOT BELATI	ED TO THE TERMIN	NAL BICCACE	OR CONDITION	CIVEN IN DAR	7.1						
80	# N N N N N N N N N N N N N N N N N N N	2				and the Record	LD IN LILL I LEMMI	INC DISCUSE	OK COMDITION	OFFER IN FAR	1 1 101.						
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Ö	A TERES	0				MONTH	DAY YEAR	210. HO	W INJURT	OCCURRED	) (ENIER NA	TURE OF INJU	AT IN ITEM IS	8 PART I OR P	AR1 2)		
NO.	EFEC 55	13	UNDERLYING CONTRIBUTING	CAUSE OF DEA	ATH P.M		19										
DIVISION	EN CONTR	MEDICAL	21d. INJURY OCCUR	RED	21e PLACE C			211 LOC	ATION								
20	DESCRIPTION OF THE PROPERTY OF	2	WHILE NOT AT WORK	WHILE [	STREET, FACT	ORY, FARM, ETC	.)	51	REET			CITY OR TOW	И	CC	VINUO		STATE
	HAARA E		AT WORK AT W	ORK													
	S S S S S S S S S S S S S S S S S S S		22a 1 certify that	Leak charge a	f the remains des	cribed abov	e held an	Autaps		Inspection	V	Inquiry [		and in my o			
	#OK STA					1					-			Ind in my o	pindi		
100	<b>製作器以下</b> 区	13	death resulted from	1: Natural	causes XX	Accident	, Suic	ide	Hamic	ide .	Undeter	mined man	iner				
	SEE SEE		1500	h.	· Qu	2			TITLE (SI	PECIFY)							
	AMONT V		ACTUAL SIGNATURE	MA	WN	AV	_	- AA	A A S	sistan	+ MEDIC	AL EV A MAII	NIED	DATE	11	1-19-	-82
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31 .	524544	23a.BI	URIAL, CREMATION,	REMOVAL 236.	DATE	23c. N/	AME OF CEM	ETERY OF	CREMATO	ORY	23d. LOC	ATION		COV	UNITY		ATE
CON	) pp	13	Burial	,	1/22/82		Dak Lav	m Co	motor	~~ *	CITTOR		imore	e, Ma	_	nd si	116
Ouce	Dr	24 FI	JNERAL DIRECTOR D	And a Dec	1. ZZ/0Z		Jak Lidi	VII CE	mecer	250. DATE R	EC'D. BY R						
	DHMH - 17								1 - 1	NOV	-	382	14		20.		7
	(VR A15 ME (5))		7922 Wise	Avenue	e, Dunda	IK, MI	2122	22		MIU V	4013	106	1000	my	- lau	ull	



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6		FOR STATE REGISTRAR					ICATE OF I		, same .	REG. NO.	Gas	9 (	3 54	Ö
1.		CEASED NAME FI	RST	٨	WIDDLE		AST		20. DATE	OF DEATH MO	NTH D.	AY YEAR	2b. HO	UR
L		Cha	rles	S	W.	Sm	ith			1	1 30	82	1 - 8	
3	. SEX		4,	RACE		5. DATE (		YEAR	6. AGE (II	YEARS LAST BIRTHD	AY)	FUNDER I YEA		ER 24 HRS
	0	male		Bla		1 C	A DAY	08		74	YRS.			
Z		RTHPLACE (STATE OR FOREN	GN 7b.		WHAT COUNT	RY? 8. MARRIE	XX NEVER	MARRIED -		ORE CITY OR				
4		aryland	1,7	USA	-	WIDOW		VORCED [		timore				MI
	Ba	altimore	1	841 N	HEACILITY, GIVE ST	ton Av		TITUTION		L OCCUPATION ORK FOR MOST OF W		12b. KIND INDUSTR	OF BUSIN	IESS OR
3	3a. S	L RESIDENCE (IF NURSING FATE	COUNTY	HER INSTITUTION	Balti	OWN	13d. INSIDE C	ITY LIMITS?		TADDRESS N.Mil	ton	Ave	2120	15
0.0	_	THER'S NAME						S MAIDEN NA			0011			
10		Thomas	MID	DOLE	Smit	h	N/	FIRST		MIDDLE		L	.AST	
1 1		AS DECEASED EVER IN U		D FORCES?	166. SOCIAL S	ECURITY NO.	17. INFORMA	ANT		ADDRESS				
	{1	ES, NO OR UNKNOWN) (IF	TES, GIVE W	AN OR DATES)	216-0	7-0854	Inez	M.Smi	th 8	41 N.	Milt	on A	venu	e
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				BY: CAUSE (o)	modele	n All	the					inn	edinte	P
		4029		DUE TO OF	AS A CONSE	QUENCE OF		,	,				100	
	72	Conditions, if any, wh		(b)_		terrior	10160	mickel	nt due	All.		7.5		Ч.
-11		gove rise to immedia		DUF TO OF	R AS A CONSE	QUENCE OF	2 /						1	
		underlying couse lo	ost.	(c)_										
	_	PART 2. OTHER SIGNIFIC	CANT CO	NDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEA	SE OR CONDIT	ION GIVE	N IN PART	lo	
	é	Chesoxie 1	leen	a dies	all'i	alcolo	lim					4178		
2	CERTIFICATION	19a DATE OF OPERATION	4 ' '	196 CONDI	TION FOR WH	IICH OPERATIO	N WAS PERFO	RMED	20a AU	TOPSY? 21	L IF YES,	WERE FIND	INGS USE	ED ATH?
	RT						1		YES [	NO	YES		NO	
		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING TO CAUSE		HOUR A.	F INJURY M. MONTH	DAY YEAR	ZIC HOW IN	IJURY OCCUR	RED (ENTER	NATURE OF INJURY IN	ITEM 18 PA	RT 1 OR PART 2)	1-6	
	N.	(IF EITHER, NOTIFY MEDICALE)		P./		19					1.17			
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		sow the deceased a above, (I) (we) (did)	did not	new the body	ofter death.	V		(our) opinion	death accur	red on the date	and hour	ond from th	e couses s	toted
		THE SIGNATURE	-	7 /	1	1	DEGREE	ATTENDING	MEDICA	L STAFF		22c. DAT	E SIGNED	)
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Y	- STATE REGISTE	AR			CERTIFICAT	E OF DEATH		REG. NO.		
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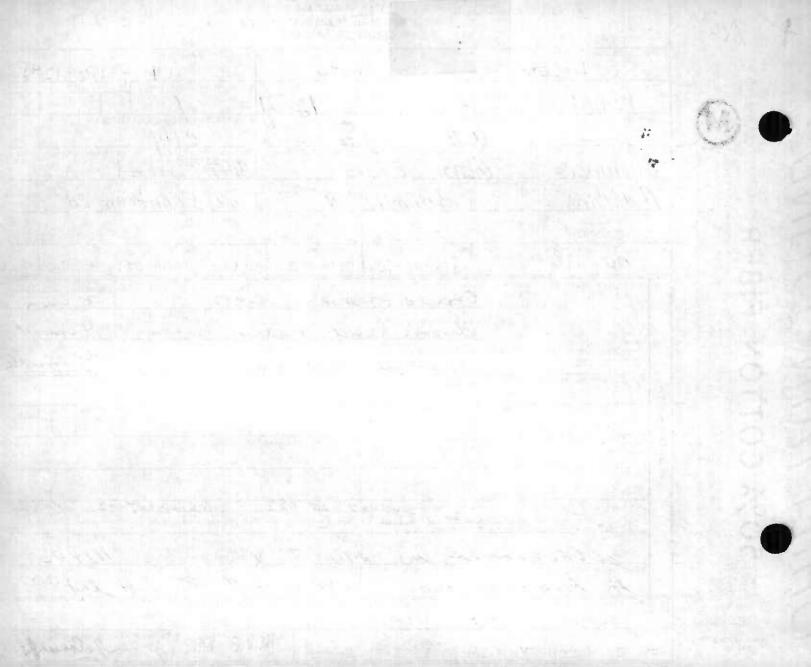
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00 %	beer mit. prior	àu T	CAT	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F	INDINGS USED
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R ATTEN	of for	7		saw the deceased alive a above, (1) (we) (did/) (10)	of view of bode	otter death.	<u>02</u> , on	d that in XXX) (our) opinion	death accurred on the de	ate and hour and from	m the couses stated
OR A	DiRE	Hen		226. SIGNATURE	MMVV	WIIND	1 1/1/18	EGREE		22c. 1	DATE SIGNED
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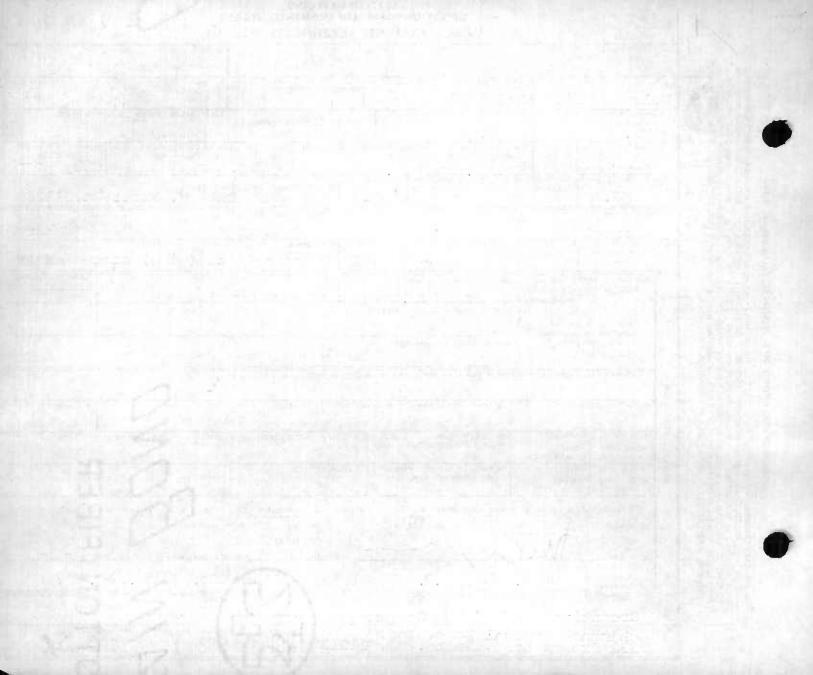
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4/0		STATE OF MARYLAND  FOR STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  CERTIFICATE OF DEATH  REG. NO.	29052
Page 4 may be v, page 3	3. SE	IRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 8 DAY DYEAR 21 OF BALTIMORE CITY OR COUNTRY?	
ours offer death.		MD  ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN 902 HEACHITY, GIVE STREET ADDRESS)  ALLES DENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	MD.
ored within 24 h		13t. CIPTOR TOWN   13t. INSIDE CITY LIMITS?   13t. STREET ADDRESS   13t. STREET ADDRES	Beckett
ATTIMORE  e be execution and control control  ers. Pages  in the medical	16a V	ves. Non Junivown) (IF YES, GIVE WAR OR DATES) 215-10-508 Ethel J. Hunter 1606 S	St. Stephens St
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120)  ING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs in attending physician and completely filled in by Mer this certificate has been signed by the ottending physician and completely filled in by as the buriol-transit permit. Then please remove corbanapopers. Pages Land 2 should be but the and Mental Hygiene prior to burial, cremation, or removal.  orked or frem 18 shows any injury, or other traumotic event, the medical examines must be against a standard or frem that the standard or the stand	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTION C	4 months
ON OF VITAL RECOI	CAL CERTIFICATION	218. ACCIDENT WAS UNDERLYING 218. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 1 18. PART 1 OR PART 2)
DR ATTENDI F hospital or SIRECTOR: A ched for use Pept. of Heal	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21l. LOCATION STREET  CITY OR TOWN  21l. LOCATION STREET  CITY OR TOWN  21l. LOCATION STREET  CITY OR TOWN  CITY OR TOWN  21l. LOCATION STREET  CITY OR TOWN  CITY OR TOWN  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN  DIRECTOR PHYSICIAN  DIRECTOR PHYSICIAN  DIRECTOR PHYSICIAN	
TO HOSPITAL OF TO HOSPITAL OF TO FUNERAL I should be dero with the Store I IMPORTANT: If	23a E	22d. PMYSICIAN'S NAME (TYPE OR PRINT)  A. MIRANDA MO. 226. ADDRESS  211P W. BLANDA ST. R.  BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	Att. Infins
BP	24. FI	Burial 11/8/82 Arbutus Mem. Pk Arbutus	GISTRAR'S SIGNATURE



Xx	1-	FOR STATE REGISTRAR	DEP	STATE OF MARYLAN ARTMENT OF HEALTH AND ME CERTIFICATE OF DE	NTAL HYGIENE 8 2 2 ATH REG. NO.	9 0 5
1.		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
deat		HELEN		SMITH	11 6	82 6 A
-	3. SE	X	4. RACE	5. DATE OF BIRTH	YEAR	NDER 1 YEAR IF UNDER 2
110		Female	White	June 29,18		
33		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUN	MARRIED L NEVER MAI	RRIED Baltimore City  Baltimore City	DEATH
00	10 CI	Baltimore	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE 5303 Spring	URSING HOME OR OTHER INSTITU STREET ADDRESS) Lake Way		126. KIND OF BUSINES INDUSTRY
11 25	130 5	AL RESIDENCE (IF NURSING HOME OF ATTATE 13b. COUP	NTY 13c. CITY OR	TOWN 13d. INSIDE CITY	LIMITS? 130. STREET ADDRESS 5303 Springlake	Way 21212
ond 2 st	14 FA	THER'S NAME FIRST Chauncey	MIDDLE Gambrill	15. MOTHER'S M Gabr	ialden name ielle	Clark
a. Pages 1		VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL 220-44	security No. 17. INFORMANT	ADDRESS Thompson 605 Worcester	Red 2120
physicic anpapers emoval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one cause per line for (a), (I ED BY: TE CAUSE (o)	orcho preumon	ia	APPROXIMATE INTERVIBETWEEN ONSET AND C
d by the ottendin lease remove carb ial, crematian, ar or ather traumatic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	due to, or as a cons (b) Brain Due to, or as a cons	nchitis, acut		1 week
fhen p ta bur njury,	rion	arterios	cleratic Hear	Disease with	terminal congestive bear	t failure
thas been it permit. I iene prior	CERTIFICATION	190. DATE OF OPERATION  More	196. CONDITION FOR W	HICH OPERATION WAS PERFORM	YES NOW YES 20d. AUTOPSY? 20b. IF YES, W	EST/FINDINGS USED G CAUSES OF DEATH NO
this certificate the burial-transi and Mental Hygiced or Item 18 sh	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR	RY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I	OR PART 2)
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TOR: Af for use a of Health		22a. I certify that (I) (this hasp sow the deceased alive or abave, (I) (we) (did) (did no	1	rom	19_19_50 \$ toNOV 6, 19_	11/6/87trat (1) (with a from the couses stort
ERAL DIREC		226. SIGNATURE ROLL	etw. Garis		ENDING MEDICAL STAFF YSICIAN DIRECTOR PHYSICIAN D	11/6/87
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O £ 5 3		BURIAL, CREMATION, REMOVAL	/ 23h DATE	23c. NAME OF CEMETERY OR CRE	MATORY 23d. LOCATION	
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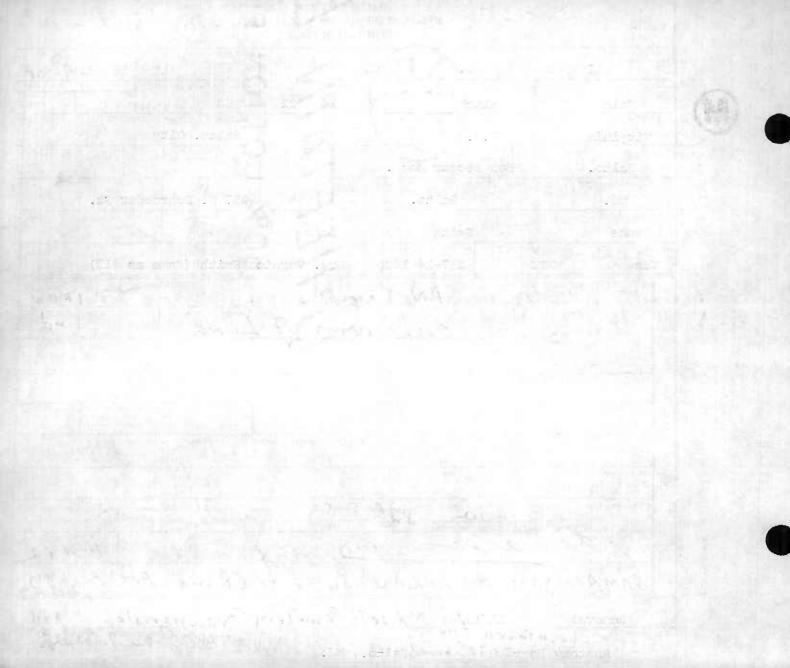


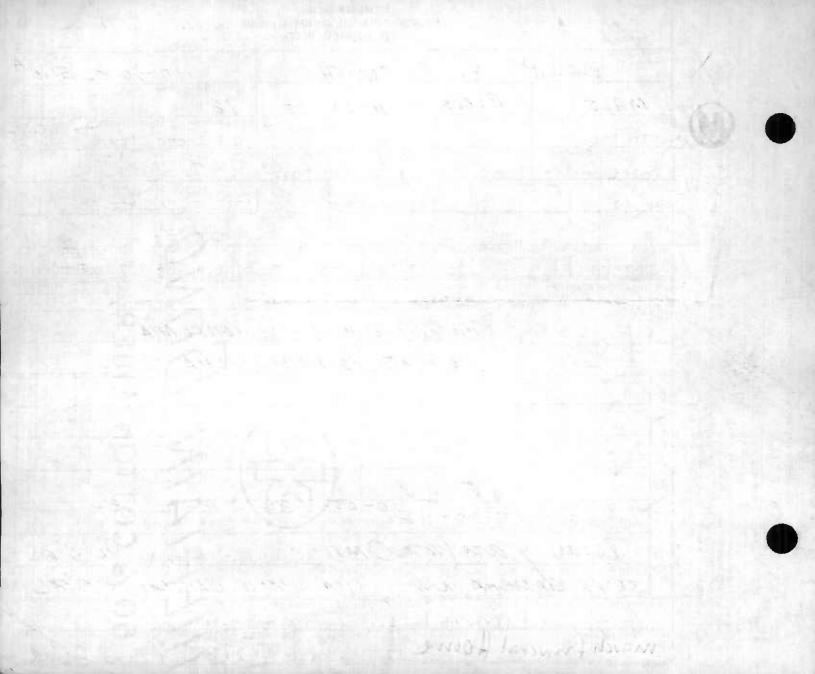
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REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH





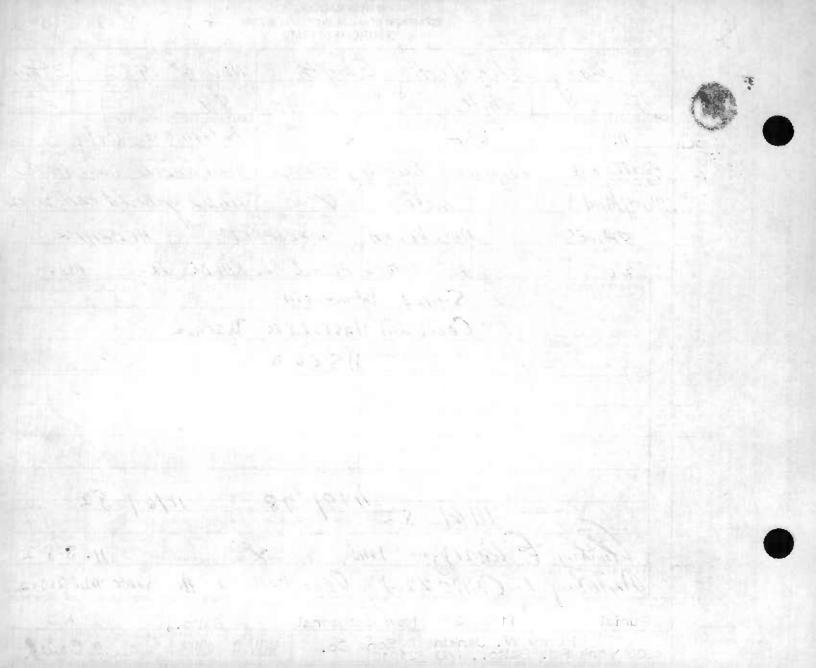
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(VR A 15 (4))	WI	m.C. March F/H Inc. 1101 E. North avenue NOV 171982	in the laterely

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DHMH-16 50M 1/76 (VR A 15 (4))  24. FUNERAL DIRECTOR Henry W. Jenkingss & Sons Co.  4905 York Rd. Balto., MD 21212		4905 York Rd. Balto MD 21010	1



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000BP		BURIAL, CREMATION, REMOVAL	236. DATE 11-4-82		CANTON  CITY OF OWN  CANTON  ATE REC'D. BY REGISTRAR 251 AFE	J COUNTY Ohio	TATE
DHMH-16 30M 2/80 (VRA 15, 4)	-17	Man Man 11	. Pista fore		OV 4 1982 S	lan & Calviel	4

TEANER II SEANER II ENRE FORMET CHICKEN TO BE OF THE DE PROMITAR ARU OINO ENTERIORS BUILD SECURIC HOSE OF SCHOOL FORMER BONDERS MOVE - BALTIMIES V STANGED GOLD AVE. JOHN TESTEMPH LETHEL H. STEEMAL . 2015/00:50 \_\_\_\_\_\_ 1000-544-695 \_\_\_\_\_00 अल्लाका प्राप्त । विशेषका व PRINTER HELLING + MITTER CHARLE WARRED WARRED . SAN THE WALL SAN THE REPORT OF THE SAN THE REPORT OF THE SAN T Sycar E. Firmundin 1.0 - E - 20 - 11-01-52 USCAR E FERNANDIAL SEED BARD. HALL MAE SEED SAND

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0.0	3. SEX	AAF	4 RACE		5 DATE C	OKOLOVE	6. AGE (IN YEARS LAST	11-29-8		4:00pm
MA	3. 35/	Male	White		12		74	MONTH		OURS MIN.
A WEST		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	9	NEVER MARRIED	9. BALTIMORE CITY	1110.	DEATH	
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4-7	HI CI	TY OR TOWN OF DEATH  Balto.	(IF NOT IN 3U	HOSPITAL, NURSIN CHEACHITY, GIVE STREET A Ch Hosp.	IG HOME O	R OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Clerk	TOF WORKING LIFE) IN	DUSTRY	BUSINESS OR
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in and con Pages 1 c		VAS DECEASED EVER IN U.S.	RMED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	RESS		
			WWII	559-24-6	131	Mrs. Mary S	okolove	(Same as	#13.)	
t. Then please re or to buriol, crem y injury, or other	CERTIFICATION	cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  ARTERIOSCLER(	CONDITIONS CONTIC CARE	ONTRIBUTING TO D	AFPATI DEATH BUT AR HEA	ART DISEASE, A	AINAL DISEASE OR CO	BOLUS STA	TUS PO	
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ond Me	MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC )	211 LOCATION STREET	CITY OR	10WN	OUNTY	STATE
or use a of Health		22a. I certify that (I) (this has sow the deceased alive obove, (I) (we) (did) (did 22b SIGNATURE	pital) attended the n 11-29-	ne deceased from 19_8		d that in (my) (our) opinion DEGREE ATTENDING		date and hour and		
or DIRECTOR DIRECTOR DIRECTOR DE		1-1								

140	1 DE	REGISTRAR CEASED NAME	FIRST	MIDDLE		AST OF DEATH	REG.		YEAR 26 HOUR	
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d fe s	3 SE		4. RACE	n	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST	BIRTHDAY) IF UND	DER I YEAR IF UNDER 2	
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ies that the death certificate be executed will make by the ottending physician and complete please remove carbon papers. Pages I and 2 fourth, cremation, or removal.	V	Bumyong		Sung		15. MOTHER'S MAIDEN FIRST K <b>ibun</b>	MIDDLE		Lee	
	16a V	NAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATI			Mu Yong So	1 5556 Oakla	and Road	21227	
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7	1	STATE REGISTRAR		DEI ARTI	CERTIF	ICATE OF DEATH		REG. NO.	-05	508	313
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	(,,,,	Lillian		P	Som	erman		11	25	82	10:09
	3. SE	X	4 RACE		S. DATE O		6. AGE (IN YEAR	S LAST BIRTHDAY)	IF UND	ER I YEAR	IF UNDER 24 HRS
1	2	Female	White		MONTH	3 O3	79	YR:	S.	DATS	HOURS MIN.
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8/2	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OC	CUPATION	12b.		F BUSINESS OF
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R To		ATHER'S NAME				15. MOTHER'S MAIDEN N	,	ACCES 1146		1049	61070
exo.		Walter	D.	Rider		Mary	N	E.		Br	att
dico		WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT		ADDRESS		1	
Mod		NO NO (4F TES, 0	GIVE WAR OR DATES)	212-74-1	574	Lillian E.	Buckingha	m 412 L	aura	Ave	. 21090
ŧ,		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	anly ane cause per	r line for (a), (b), an	d (c).)	A 1	091	4,		BETWEEN	MATE INTERVAL
vent		PART I. DE ATH WAS CAU	SED BY: ATE CAUSE (a)	acut	2	( myo cardes	il mo	ulin	_		
froumotic ev		4100		R AS A CONSEQUE	ENICE OF	7	0 1	1	1		
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er fro		gave rise to immediate cause (a), stating the	DUE TO O	R AS A CONSEQUI	ENICE OF			1		7	
othe		underlying cause last.	100 10,0	IR AS A CONSECUI	ENCEOF						
γ, οι		PART 2. OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE O	R CONDITION	GIVEN IN	PART 1	0
injury,	NO NO										
W/1	CERTIFICATION	19a. DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPS	Y? 20b. IF			NGS USED OF DEATH?
of 1	TE						YES N	10	YES	CAUSES	NO [
0	l H	210. ACCIDENT WAS UNDERLYING	216. TIME C	OF INJURY	AV VEAD	216 HOW INJURY OCCU	RRED (ENTER NATUR	E OF INJURY IN ITEM	18 PART 1 OF	R PART 2)	
Tel /	¥	OR CONTRIBUTING CAUSE OF C	PEAIN	.M. MONTH D	AY TEAK						
/	MEDICAL	21d. INJURY OCCURRED	218. PLACE	OF INJURY		211. LOCATION		ITY OR TOWN		OUNTY	STATE
	Z.	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM, ETC )	STREET		HT OK IOWN		PAINT	STATE
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		sow the decrosed alive obove 11 (we) (didordid	0.0	19_	, o	nd that in (my) (aur) apinia	n death accurred a	in the date and	hour and t	from the	causes stated
		27h 588NATURE	The second	Orier death		DEGREE		9.44	2	2c. DATE	SIGNED
		43/no	Inn	x m	9 -	ATTENDING PHYSICIAN	DIRECTOR -	STAFF PHYSICIAN		11-	25-82
-		THE PHYSICIAN'S NAME (119	OR PRINT!	21/12		22e ADDRESS	I A	h	Δ.	1	
1		E.M. RAI	405	A FLEST		4000 cm	napole	· Kd-	Dal	uti	41227
1	23a.	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	CITY OR	NOWN T	COUN	NT V	lary land
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	1-	FOR STATE REGISTRAR		DEPARTM	NENT OF HEA	F MARYLAND LITH AND MENTAL ATE OF DEATH	HYGIENE 8	2 REG. NO	2	9 0	6 6
oge 3 death		CEASED NAME FIRST POLE		MIODIE	Sp	aracco	20 DATE	OF DEATH	II 2	Y YEAR 8 82	26. HOUR 3 130PM
ector, po	3. SE	male	4. RACE wh	ite	5. DATE OF	27 <sup>AY</sup> 95 <sup>E</sup>	6 AGE (III	EYEARS LAST BIRTH		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
1297		RTHPLACE (STATE OR FOREIGN DUNTRY)  Italy		WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED  DIVORCED		ltimor			MD
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Tilled to	13a. S		OTHER INSTITUTION	GIVE RESIDENCE BEFORE  13c. CITY OR TOWN  Baltimo	re	INSIDE CITY LIMITS	6706	13e STREET ADDRESS 6706 Hudson Stree			1224
and 2 st	Maryland  14 FATHER'S NAME Adam  160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN)  17 YES, GI  180 STATE  130 STATE  131 COU  181 FATHER'S NAME  Adam  180 STATE  181 FIRST  181 FIRST  182 FIRST  183 COU  183 COU  184 FATHER'S NAME  Adam  185 OST  187 FIRST  188 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN)  188 FIRST  189 FIRST  180			aracco		MOTHER'S MAIDEN		MIODLE		LAS	Ť
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igned by the attending physis en please remove carbanpop i buriol, cremation, ar remava ury, ar ather traumatic event, i	Z	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost	D BY: E CAUSE (a)  DUE TO, O  (b)  DUE TO, O  (c)	MOCOR AS A CONSEQUE	NCE OF	Produce	COM.		DITION GIVE	6	MATE INTERVAL DISET AND DEATH AVOR YOR!
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offending physicial er this certificate h s the burial-transit p and Mental Hygier ked ar Item 18 shav	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	HOUR A. P. 21e. PLACE	M. MONTH DA M.	YEAR	TI. LOCATION STREET	CURRED (ENTER	NATURE OF INJUR		COUNTY	STATE
the haspital ar a L DIRECTOR: Aftitached far use as e Dept. af Health : If them 21 is mar		220.1 certify that (I) (this hospi saw the deceased alive an abaves (I) (we) (did) (did no 276. SIGNATURE		1/21		that in (my) (our) opi	ATT 1	15.756	F		
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BP		SURIAL, CREMATION, REMOVAL SPECIFY)  Burial	23b. DATE 12/1/			METERY OR CREMATO	ry Ba	CATION Y OR TOWN			STATE
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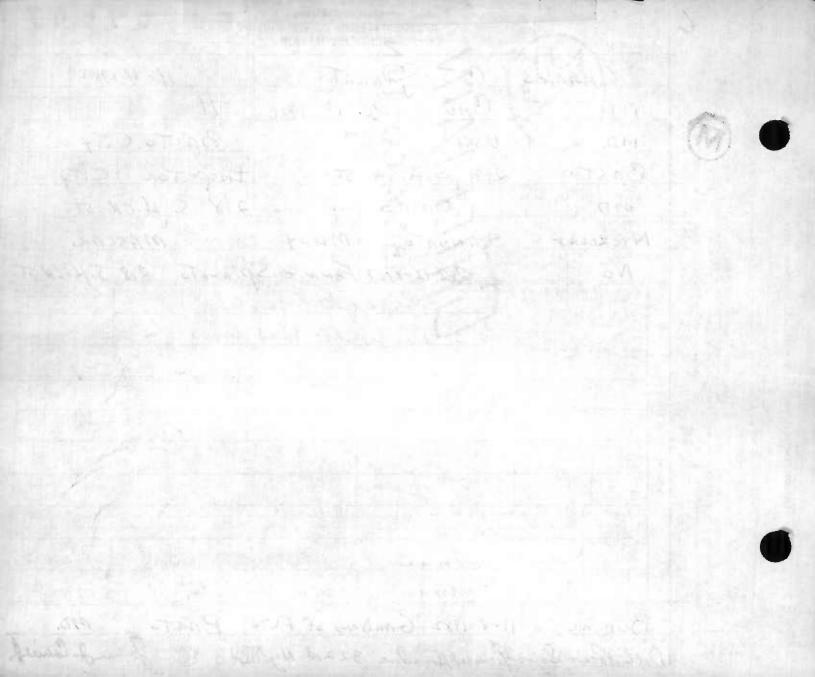
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

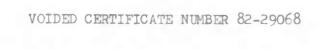
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STATE OF MARYLAND

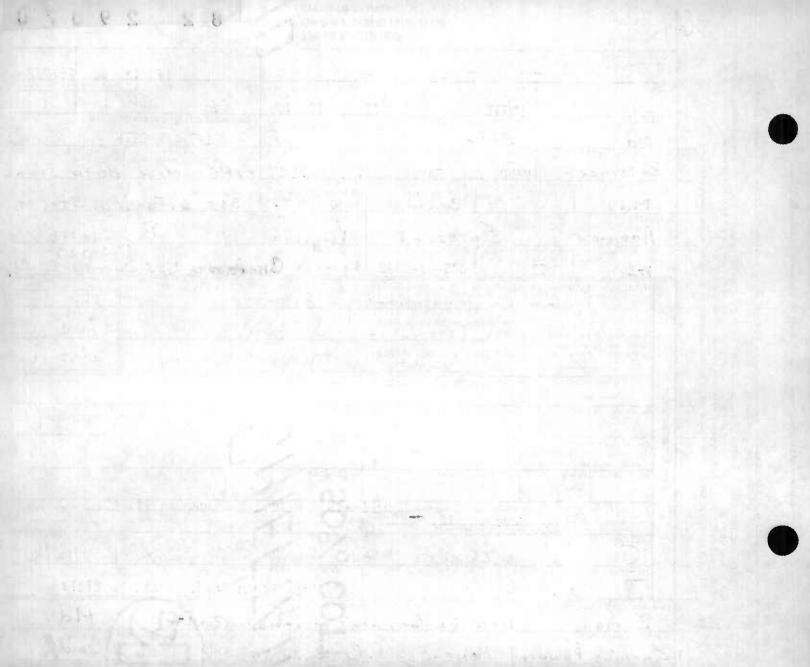






X	STATE OF MARYLAND  1 - STATE REGISTRAR  STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO.	)
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offer death and with a series of the series	18. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8. MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR COUNTY OF DEATH  WIDOWED   DIVORCED   120 USUAL OCCUPATION (IF YOT IN SIGH FACILITY, GIVE STREET ADDRESS OF THE FACILITY, GIVE STREET ADDRESS OF THE FACILITY OF WORK FOR MOST OF WORK FOR	AD.
A within 24 hours of within 24 hours pleisly filled to b and 2 should be to	SUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  30. STATE  130. COUNTY  131. CUNTY  132. STREEL ADDRESS  VES IN O  15. MOTHER'S MAIDEN NAME  FIRST,  MODLE  15. MOTHER'S MAIDEN NAME  FIRST,  MODLE  16. LAST	
", <b>BALTIMORE</b> , ficote be executed hysician and care popers. Pages noval.	WAS DECEASED EVER IN U.S. ARMED FORE (YES, NO OR UNKNOWN)  [IF YES, GIVE WAR OR DAIES]  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)  PART I. DEATH WAS CAUSED BY:  [IF YES, GIVE WAR OR DAIES]	7
s that the death certical by the ortening ped by the ortending peleose remove carbon mal. cremotion, or remore or or other troumatic ew	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	-
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ENDING PHYSICIAN: Tool or ottending physicial OR. After this certificate ruse as the buriol-transi Health and Mental Hygin is marked or them 18 sh	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  [IF EITHER NOTIFY MEDICAL EXAMINER] P.M. 19  21d. INJURY OCCURRED  WHILE ON TO WHILE AT WORK  ON WHILE ON TO WHILE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  ON WHILE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	-
OR ATTENION PROPING INCOME AND AUTONIC OFFICE OF THE AUTONIC OF THE AUTONIC OFFICE OF THE AUTONIC OFFICE OFFI	220. I certify that (I) (this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	st
TO HOSPITAL ( TO HOSPITAL ( TO FUNERAL I should be deto with the State I IMPORTANT: If	E Ellsworth Cok 2431 Mary land Aug Ballo Me 10. BURIAL, CREMATION, REMOVAL 23b. DAJE 23c. NAME OF CEMETERY OR CREMATORY 13d. LOCATION CHYPORTOWN CHYPORTO	<u>]</u>
DHMH - 16 50M 1/B1 (VRA 15, 4)	John J. Continued on Inc. Address Hollins H. 1250. DATE REC'D'BY REGISTRAR'S GONTHUE NOV 22 1982 John John John Lines 1	

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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

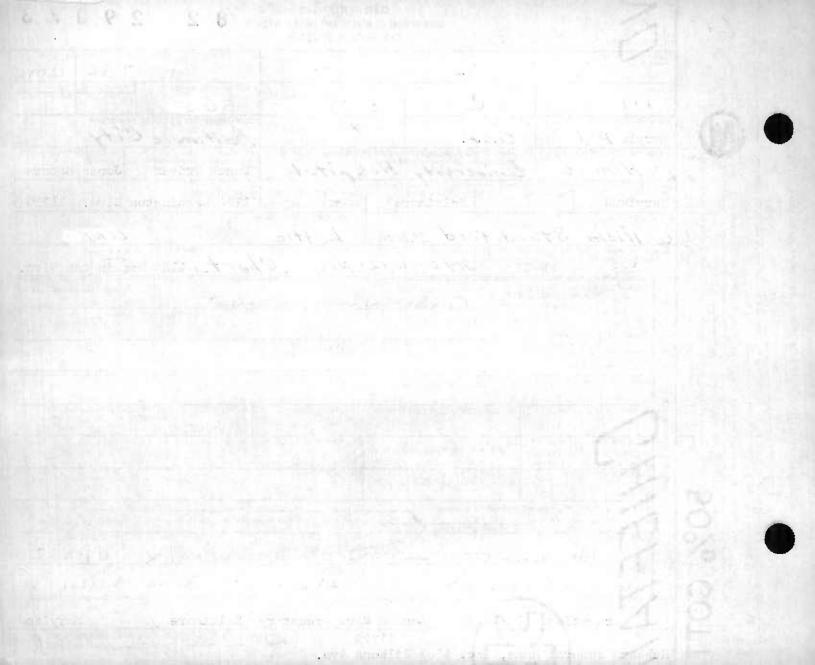
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

DHMH - 16 50M 4/B2

(VRA 15, 4)



O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Fage 4 mem betained by the hospital or attending physician.  Of UNERAL DISECTOR. After this certificate has been atmed by the attending physician and completely fund in by the funne. After this certificate has been been atmed. Then please employees Pages 1 and 2 should be 11ed within 2 certificate has the buriod-transit general thin please employees. Pages 1 and 2 should be 11ed within 3 certificate has the please prior to buriod, cremation, or removal.  WPORTANT: If them 21 is marked or them 18 down any many or other traumatic event, themedical examine as the top fed at one please at the please of them 18 down and the please of the please of the please of themedical examine.				SIAI	E OF MAKTLAND		0 0 3	10.9
	1.	FOR STATE REGISTRAR	D		HEALTH AND MENTAL HY		290	/ "
	1 DE	CEASED NAME FIRST	MIDDLE		LAST	REG. NO.	NTH DAY YEAR	2b. HOUR
		OB 90(b)(7)	nna	S+:	anfield	11/07/82		6:001
- 1	3. SE		I4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA		IF UNDER 24 HRS.
		Female	Caucasia	MONT	H DAY YEAR	66	MONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT CO	UNTRY? 8		9 BALTIMORE CITY OR C	OUNTY OF DEATH	
5		Marvland	U.S.A.	WIDOW	ED NEVER MARRIED	Baltimo	wo Cit.	N
pl.		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	12b, KIND OF	BUSINESSO
-		Baltimore AL RESIDENCE (IF NURSING HOME STATE Md	(IF NOT IN SUCH FACILITY, G	onkine F	Josnital	Housewife	ORKING LIFE) INDUSTRY	
21	USU 13e	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDE	NCE BEFORE ADMISSION)	1136. INSIDE CITY LIMITS?	13e. STREET ADDRESS	21662	
2		Md. Ta	lbot Roya	1 Oak	YES X NO	Deep Neck		
	14. F	THER'S NAME		LAST	15. MOTHER'S MAIDEN NA	AME		
90				bdin	Emma	WIDDLE	Stans	bury
1		VAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOC	IAL SECURITY NO.	17 INFORMANT	ADDRESS		
1			220	-28-431	2 Charles V	. Stanfield	Roval Oa	k. Md
		18 CAUSE OF DEATH (Enter of			/ 4	/		MATE INTERVAL
NO 18 CAUSE OF DE		PART I. DEATH WAS CAUS	ED RY.	listes p	rather Ari	rest		
		1454 IMMEDI	ALE CHOSE (O)	1				
		Conditions, if any, which	DUE TO, OR AS A CO	1 Var	Cano			
160 WAS DECEASED EV (YES NO OR UNKNOWN) NO  18 CAUSE OF DE PART I. DE ATH  Conditions, if o gove rise to couse (o), ste underlying co  PART 2. OTHER S	gove rise to immediate couse (a), stating the	DUE TO OD AS A SO	NISTOLIENSE OF					
		underlying couse lost.	DUE TO, OR AS A CO	INSEQUENCE OF				
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITI	ION GIVEN IN PART 110	
	Z	/ /	noerhase					
1	K	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20	Db. IF YES, WERE FINDING	GS USED
×	Ę	ALTO THE RES				YES T NOT	VES T	OF DEATH?
(1	SE SE	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	HEM 18 PART I OR PART 2)	
7	4	OR CONTRIBUTING CAUSE OF D		TH DAY TEAR				
	E E	21d. INJURY OCCURRED	210. PLACE OF INJURY	Y	211 LOCATION	CITY OR TOWN	COUNTY	STATE
	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR	Y, OFFICE, FARM, ETC }	SIMEEL	CIT OK TOWN		SIMIL
		22a-1-certify that (1) (this has	pital) attended the decease	d from (0 /	1982		19.6 2 1	hat (I) (we) la
	17	sow the deceosed alive of	not) view the body ofter deat	1905	nd that in (my) (aur) apinion	death accurred on the date of	and hour and from the c	ouses stated
	1	22h SIGNATURE	View the body offer dear	n.	DEGREE	VD V	22c. DATE S	IGNED
		Deretis		M	ATTENDING PHYSICIAN	MEDICAL STAFF	10 17/2	5
1	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		220. ADDRESS	/ /		-
		D 1.0	trate		Tohns.	Nederna		
-	230	BURIAL, CREMATION, REMOVA	L 23b. DATE	123c NAME OF	CEMETERY OR CREMATORY	123d LOCATION		
		(SPECIFY)	11-10-82	Sprin		Easton	Talbot	Md STATE
	24 F	Burial UNERAL DIRECTOR	111-10-02	Shrin		TE REC'D. BY REGISTRAR 25b.		
?		NAME	1 Home Foo	ston, Md		17:30 1000	2. C.	will
	IN	ewnam Funera	I HOME FAS	LUII, MI	· NO	A T O 1201	C. A.	

A TOTAL STATE OF THE PARTY OF T

4001 Ritchie Hwy.

Balto .. Md. 21225

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

George J. Gonce

DHMH - 16 50M 1/B1

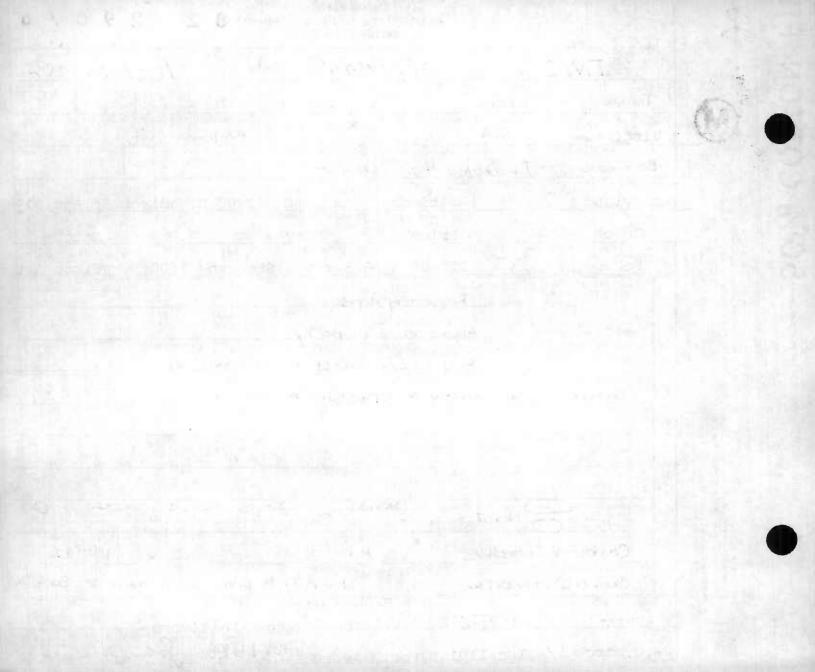
(VRA 15, 4)

STATE OF MARYLAND DEP PRIMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 75 HOUR 6. AGE (IN YEARS LAST BIRTHDAY) 9. BALTIMORE CITY OR COUNTY OF DEATH 12Dang of TISVESTOR Mills Seamstress Hess STJoseph Stein 611 Regatta Ave. 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES F NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE

22c. DATE SIGNED

Md.

0 2 1 9 2 2 8 60.00 1 09 18 6 3 ud a series to the series of the series of the series Po t Tarana / Service and the contracts were Learly Straight of Land - 120 1011 12 1200 Td Brother Colored the Colored Co Intomiment : 12 Color | 11 to the color | 1 to the color Meorie J. Comos - 11.79., 14. 21225



Leonard J. Ruck, Inc. Baltimore, Maryland

FOR

STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

21214

REG NO

2b. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

IF UNDER 24 HRS

IF UNDER TYEAR

INDUSTRY

Carter

YES

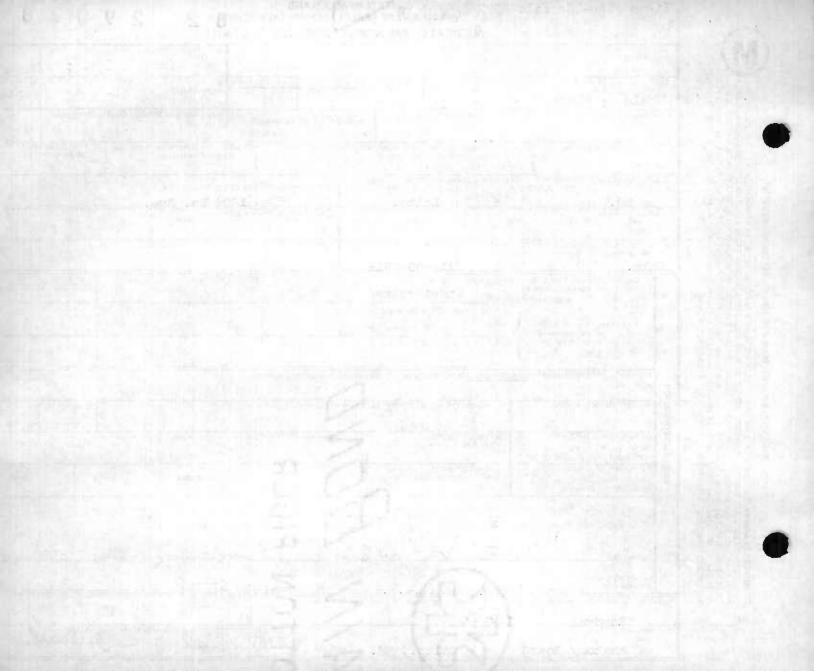
250 DATE REC'D. BY REGISTRAN 256 REGISTRAN'S SIGNATURE

COUNTY

22c. DATE SIGNED

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2555E	3. SEX		ANDI	REW IS. DATE OF BIR	)TU	6 AGE (IN YE	STEV		IF UNDER 24 H		MATED [	11-14 MONTH	DAY YEAR	2d. HOUR
N ST E		ale	Black		AY YEAR	LAST BIRTHD	AY) MONTH		HOURS MIN			11-14		11:22
S FOR WITHIN W PREST		PLACE (S	TATE OR	76. CITIZEN OF	WHAT COU	NTRY?	MARRIE WIDOWI	-	VER MARRIED		more (		OF DEATH	MD
40		Imore	OF DEATH	11. NAME OF	HOSPITAL, NU	STREET ADDRESS)	, OR OTHE	ER INSTITUT		USUAL OCCUPA FOR MOST OF WORK		FWORK 12	D. KIND OF BU OR INDUSTI	SINESS
33		ESIDENCE	(IF IN NURSING HOME O	OR OTHER INSTITUTIO	N. GIVE RESIDENC			13d. INSIDE CI		STREET ADDRES			1 9	
100		ER'S NAME		MIDDLE		LAST		JS. MOTHE	R'S MAIDEN N		DDLE	3 1	LAST	
1	16a. WAS (YES. N	O, OR UNKNO	D EVER IN U.S. AR	MED FORCES? WAR OR DATES	14 45	CIAL SECURIT		17 INFORM	AANT		ADDRESS			
MEDICAL EXAMINER ALCING AS A BURIAL - TRANSIT PERM ALTH AND MENTAL HYGIENE CREMATION, OR REMOVAL.		799 Candition gave ri cause (a) lying cau	ns, if any, which se to immediate stating the <u>under</u> -	(c)	OR AS A CO	TERMINE  NSEQUENCE  NSEQUENCE	OF \	OR CONDITION	I GIVEN IN PART 1 (c	11.				
E USED AS A !	19c	DATE OF	OPERATION	19b. COI	NDITION FOR	WHICH OPER	ATION W	AS PERFOR	MED?				20 AUTOPSY	,
DEPARTMENT OF PROR TO BURN.	U		AL CAUSE WAS  OR  NG CAUSE OF		E OF INJURY A.M. MONTE P.M.	1 DAY YEAR		W INJURY	OCCURRED (E	NTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2	YE9X 🔀	NO []
	5 214	LIMITIPY	NOT WHILE C	21e PLA	CE OF INJURY FACTORY, FARM,	Y (AT HOME,	211 LOC 51	CATION		CITY OR TOW	N	COUNT	ſΥ	STATE
TO FUNERAL DIRECTOR: PAGE 358 AFIER DEATH WITH THE STATE DEP	AC SK		fy that I tack charged from: Natu	ge al the remains ral causes	Accident		Autaps nicide	Hamic TITLE (SI DASS I S	pecify) stant	Inquiry ndetermined man	nner ,	DATE SIGNED.	ion 11-15-8	2
4 1 P		AL, CREMA	TION, REMOVAL		23с.	NAME OF CE				d. LOCATION CITY OR TOWN		COUNTY	SI	ATE
DHMH - 17 R A15 ME (51)	24. FUNE	RAL DIREC	TOR POR		8/82 L	-o M <i>d</i>			250. DATE REC'I	2.3 1982	256. BEGIST	RAR'S SIG	NATHE LANCE	ef.



	FOR			DEPART		OF MARYLAI ALTH AND M	ND IENTAL HYGI	ENE 8	2	2 9 0	179
= 1/	- STATE REGISTRAR				CERTIFIC	ATE OF DI	EATH		REG. NO.		
7	1. DECEASED NAME	FIRST	N	AIDDLE	LAS	ī		20. DATE OF DI	ATH MONTH	DAY YEAR	2b. HOUR
4 moy be pole 3 orier death	(TYPE OR PRINT)	Jam	ies	E.		Steve	ns	11/	01/82		7:57PM
Now W	3. SEX	E-TIEV	4 RACE		5. DATE OF	BIRTH	YEAR	6. AGE (IN YEAR	S (AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
- 8 6	male		Bl	ack	3	31	11		71 YRS	5.	
STORY TO STORY	COUNTRY)	OR FORE Md .	76. CITIZEN OF V	WHAT COUNTRY?	8. MARRIED	□ NEVER M	ARRIED 🗆	9. BALTIMORE	CITY OR COUN	TY OF DEATH	
	Middle R.		US.		WIDOWED	MD DIV	ORCED [		timore		MD.
0 0 0	10. CITY OR TOWN OF	DEATH		OSPITAL, NURSIN		OTHER INSTI	TUTION	120. USUAL OC	CUPATION IR MOST OF WORKING		OF BUSINESS OR
E THE	Baltimo		Joh	n Hopki	ns Ho	spita	1				
	USUAL RESIDENCE (IF	VURSING HOME OR		13c. CITY OR TOW		36. INSIDE CIT	TY LIMITS?	13e. STREET AD	DRESS _		
Z NEW S	Maryland	d		Baltim			NO 🗆		Carolia	e St.	
ed within 24 hours red 1 / Mr metely liled hy amo 2 should be a	14. FATHER'S NAME PIRST		MIDDLE	LAST			MAIDEN NAM		AIDDLE	LAS	st
A SULSEL	James			Steven		Ma			1000000	Fari	mer
KO NO	160 WAS DECEASED ET		MED FORCES?	16b. SOCIAL SECU		17. INFORMAN		A 14 14 10 10	ADDRESS	Mark Street	
TIM	No			219-07	-0579	Barb	ara Ha	arris :	1216 Ed		wy.2121
DI D	18. CAUSE OF DE	ATH (Emer on	nly one couse per	line for (o), (b), or	d (c).)			4-		0.0	XIMATE INTERVAL I ONSET AND DEATH
on g	PARTI. DEAT		TE CAUSE (0)	ardio	rigger	atori	1 a	rrest		50	moute
RESTON S death rer e death rer o offending move corbo notion or re froumoticie	58	50	DUE TO, OF	R AS A CONSEQU	ENCE OF		0 4				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ING PHYSICIAN. The law requires that the death records the this certificate has been signed by the attending of the burial-transit permit. Then please remove cord the and Mental Hygiene prior to burial, cremation or the and Mental Hygiene prior to burial, cremation or and mental B shows any injury, or after traumantic	Conditions, if gove rise to		(b)	Chrov	nic r	enal	tall	ure			
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auries the NOn-signed Then plec to burial niury, or				ONTRIBUTING TO	- 4	0 10	TO THE TERM	INAL DISEASE C	R CONDITION C	SIVEN IN PART 1	0
N N N The si	e Chron		SMUCTV	TION FOR WHICH	Man	_	sease	200 AUTOPS	Y2 20h IF	YES, WERE FINDS	NGS LISED
AS AS AS hos bermit.	THE CONTRACTOR OF THE CONTRACT	RATION	196. CONDI	HON FOR WHICE	OPERATION	WAS PERFOR	KWED		IN CER	RTIFYING CAUSES	S OF DEATH?
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DHMH - 16 50M 4/82	24. FUNERAL DIRECTO			ADDRESS			"NO	V3 10	82 7	A O I	C. · A
(VRA 15, 4)	Wm C Mar	ch F/	H Inc	1101 E	Mant	, ve			10	might	success.

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7		REGISTRAR	MED	DICAL EXAMIN	ER'S CERTIFI	CATE OF DE	ATH REC	NO.		
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55.56	3. SE)		MONTH DAY	6. AGE (IN YEAR LAST BIRTHDA		HOURS MIN	S. 24. DATE PRONOUNCED	MONTH	DAI 16	4 :38A
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35000	30 BI	IRTHPLACE (STATE OR DREIGN COUNTRY)	7b. CITIZEN OF WH	AT COUNTRY?	MADDIED TO NE	VER MARRIED	9. BALTIMORE CI	TY OR COUN	TY OF DEATH	
DE SE	TOUR A.	ALTIMORE MA	4.5.1	A.	WIDOWED -	DIVORCED [	Baltim	ore Cit	V .	MD
Ed and State		ITY OR TOWN OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOME	OR OTHER INSTITU		SUAL OCCUPATION	(TYPE OF WORK	126 KIND OF	BUSINESS
\$ 18 B B B B	Y p	altimona Oitu		ILITY, GIVE STREET ADDRESS)			OR MOST OF WORKING LIFE		OR INDU	STRY
当500000		altimore City			spital	24	CURITY GU	ARO	Secure	ITY
5 50K 302/	110,5	TATE 136. COU		13L CITY OR TOWN	13d. INSIDE C	CITY LIMITS? 13e S	TREET ADDRESS		_	
SET AND SET OF S	11/16	TRYLAND		BALTIMOR	YES YES	NO 23	139 N. CA	LVIER-	TZ	
PANTH AND		ATHER'S NAME	MIDDLE	LAST	15. MOTH	ER'S MAIDEN NA	ME		LAST	
BALTIMORE, ND S. AFTER DEATH GIVE PAGES I Z. TITH FORM PA PAGES I MND 2 IVISION OF VITAL	CYE	HARLES HOWE	^	PT SIL	.4.	EDRED	HOL-		t A 31	
O SON SON	16a V	WAS DECEASED EVER IN U.S. AL		166 SOCIAL SECURITY	NO. 17. INFOR		ADDI	RESS (	AM. 48	5
DN ST., BALTIMORE, 4 HOURS AFTER DEA! EM 18. GIVE PAGES DNG WITH FORM PI FERMIT, PAGES 1 ATM FIENE, DIVISION OF VAL.	{Y	ES, NO, OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	011 12 001	Mr. Allow	1	Storm L	442,7	19 /	11.1101
S A GIN		No		216 62 090	14 INIES	MALERIE	SIEWANI	772011	HYDR	MALIKOL
W. W.		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	inly one cause per line	for (a), (b), and (c).)					BETWEEN OF	NATE INTERVAL
AL.			ATE CAUSE (a)	Multiple a	unshot wo	unds				
STO VGITP OV		19654	DUE TO, OR	AS A CONSEQUENCE C	F					
ERA SEA	12	Canditions, if any, which							1300	
NA N		gave rise to immediat couse (a) stating the under		AS A CONSEQUENCE C	F				1 1 1 1 1	
201 W. PRESTON ST., UTED WITHIN 24 HOUS IN PENCIL IN ITEM 18, EXAMINER ALONG W IAL - TRANSIT PERMIT. O MENTAL HYGENE, D N, OR REMOVAL.		lying couse lost.								
S.2		AART A REWES COCCUERTIVE CANDITION	(c)						1	
DIVISION OF VITAL RECORDS, S CRTIFICATE SHOULD BE EXECTION OF VITAL WEBDING. ROED TO THE CHIEF MEDICAL JE 3 SHOULD BE USED AS A BUE E DEPARTMENT OF HEATH AND COLOR OF TO BURIAL, CREMATI	7	PART 2 DTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH B	IUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITIO	ON GIVEN IN PART 1 a.				
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AAAAAAA A		SIGNATURE	10000	1 /rous V	w.duepu	Ty Chieta	EDICAL EXAMINER	SIGNE	D_11/7	182
N S S S S S S S S S S S S S S S S S S S	-	EXAMINER'S NAME	Th	D C:+L M	0	III Don	c+ Dal	+- 14		
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 18 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PAFTER DEATH. WITH THE STATE DEPENDENCE, PAGES 3 A BURIAL, PRANSIT PERMIT. PAGES 1 AND BALTER DEATH. WITH THE STATE DEPENDENCE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		(TYPE OR PRINT)	Inomas	D. Smith, M	. D. ADDRESS_	III Pen	isi. Bai	to., MI	J.	
BAT BEST	23a.B	UPIAL, CREMATION, NEMOVAL	23b. DATE	23c. NAME OF CEN	ETERY OR CREMAT		LOCATION,	8PU	NTY C	STATE
120 UBP	1	DuriAl	11-13-82	STLU	Kes CE	m. E	PAllimor	e Co	, 1	od,
1001	24 F	UNERAL DIRECTOR				250. DATE REC'D.	BY REGISTRAR 200	REGISTRAR'S		4
DHMH - 17 (VR A15 ME (5))	11.	NAME	ADDRESS	111. 11- +1	A110.	NOV 17	1982 1	hund	, while	*
20M 4/82	177	DU/11 +.	KUD) Add	7100/100/1	1100	1,,0,,	A/			

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificats be executed within 24 hours ofter death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and a should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

completely filled in by the funeral directions of and 2 should be filed within 72 hours of

T. DECEASED PARKE    THE DETAIN   LOUIS   Layne   Stolte   20 DATE OF BEATH   MORNIN   DAY 19 AND 19	T. DECEASED NAME	1.	FOR STATE	DEP	ARTMENT OF HEALTH AND MEN		2 9 0 0
1 SEX	1. SEX				CERTIFICATE OF DEA	REG. N	10.
SEX   SARCE   STATE OF BRITH   SEX   SARCE   STATE OF BRITH   SEX   SEPT. 19.19.05   77   YES.   STATE   STATE   STATE   SEPT. 19.19.05   77   YES.   STATE	SEX   Layne   Stolte   12 ACC   S. DATE OF BIRTH   S. ACC   (INVENSIVAT BRIDDAY)   PART 1 TO P	1. DEC	F (10 pp (A.T)		LAST	20. DATE OF DEATH	20.110
Male Cauc.  Sept. 19.1905  77  785  BRITHPLACE   STATICOMORION   19. CHIZEN OF WHAT COUNTRY   18. MARRIED   19. MA	Male Cauc. Sept. 19, 1905  77		Lou	15 Layne	Stolte	DIE CHARLE	11 2 82 70
Representation   Part	Residence	3. SEX	X	4 RACE			
The Brithhace   Idah Carroll on the Country   Balton   Baltimore	The Birthflace (State Canded on the Citizen of What Country)  Balto.  USA  Widowerd of Death  Balto.  113. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  Balto.  124. What of Hospital (City of Now of Death In Such active on such examples of the Now of Death In Such active on such examples of the Now of Death In Such active on such examples of the Now of Death In Such active on such examples of the Now of Death In Such active on Such examples of the Now of Death In Such active on Such examples of the Now of Death In Such active on Such examples of the Now of Death In Such active on Such examples of the Now of Death In Such active on Such examples of the Now of Death In Such active on Such examples of the Now of Death In Such active on Such examples on Such		Mala	Cauc			
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198. STATE   198 COUNTY   134 INSIDE CITY LIMITS   196 STREET ADDRESS   BALTO   MATY	Md.  14. FATHERS NAME  14. FATHERS NAME  15. MOTHER'S MAIDEN NAME  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. MODIE  15. MOTHER'S MAIDEN NAME  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. MODIE  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SCOLAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH IEnter only one couse per line for 101, (b), and (c.)  18. CAUSE OF DEATH IEnter only one couse per line for 101, (b), and (c.)  18. CAUSE OF DEATH IEnter only one couse per line for 101, (b), and (c.)  18. CAUSE OF DEATH IEnter only one couse per line for 101, (b), and (c.)  18. CAUSE OF DEATH IEnter only one couse per line for 101, (b), and (c.)  18. CAUSE OF DEATH IEnter only one couse per line for 101, (b), and (c.)  18. MOREDIATE CAUSE (b)  18. CAUSE OF DEATH IEnter only one couse per line for 101, (b), and (c.)  18. MOREDIATE CAUSE (b)  18. CAUSE OF DEATH IEnter only one couse per line for 101, (b), and (c.)  18. MOREDIATE CAUSE (b)  18. MOREDIATE CAUSE (c.)  18. MOREDIATE CAUSE (b)  18. MOREDIATE CAUSE (c.)  18. MOREDIATE CAUSE (c.)	M/SU/	AL RESIDENCE (IF NURSING FOME OF	CITY HOS		Presser	
15. MOTHER'S MAIDEN NAME   N	15. MOTHER'S NAME   NADDLE   LAST	130.5	STATE 131 COU	NTY 13t. CITY OF	TOWN 13d. INSIDE CITY		
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₩ 3 ₹		BURIAL, CREMATION,		23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	Bol	OUNTY M	STATE

DHMH - 16 25M (VR A 15 (4) ) 9/74

24 FUNERAL DIRECTOR

E.F. Lassahn, 11750 Belair Rd. Kingsville, Md. 210 TEC 6 1982 2-6. 2 Common Processing Strain Common

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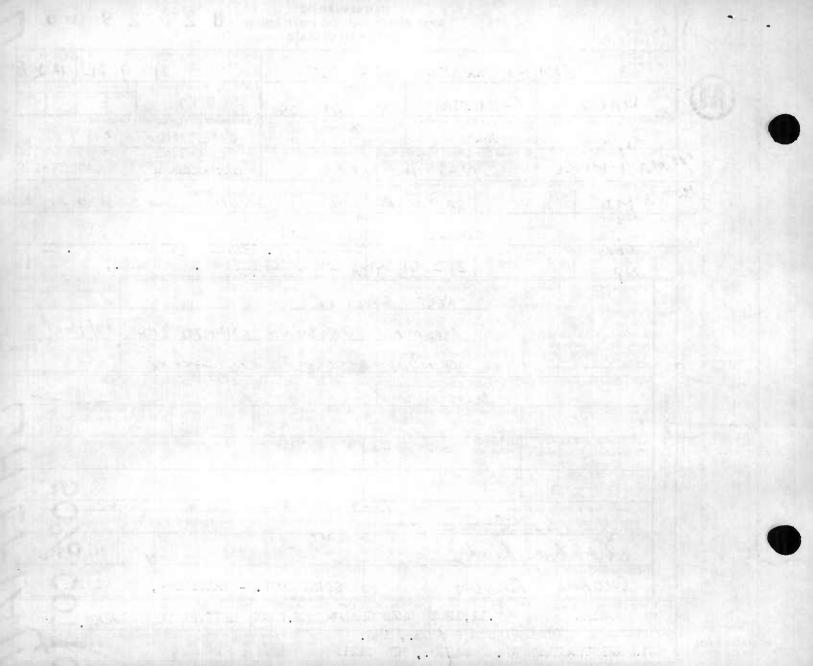
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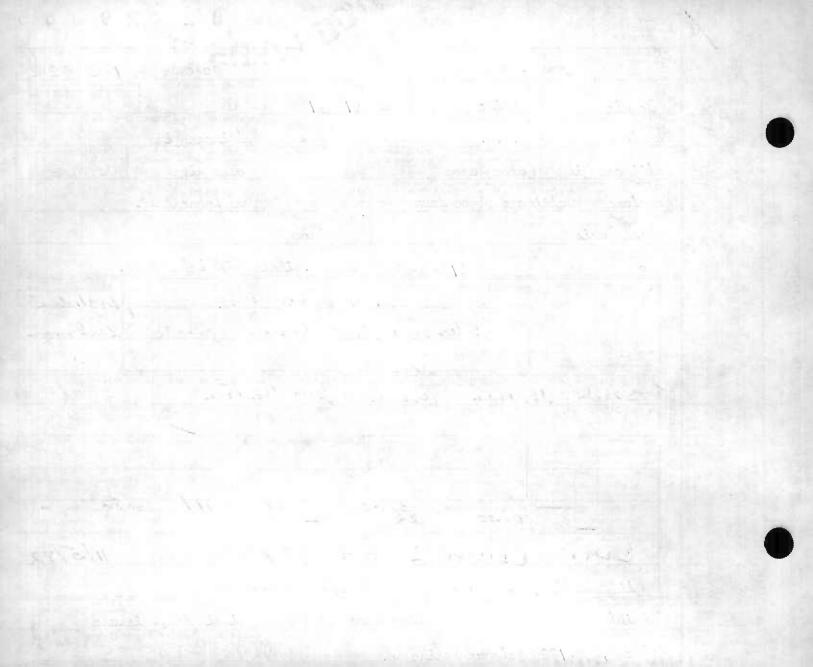
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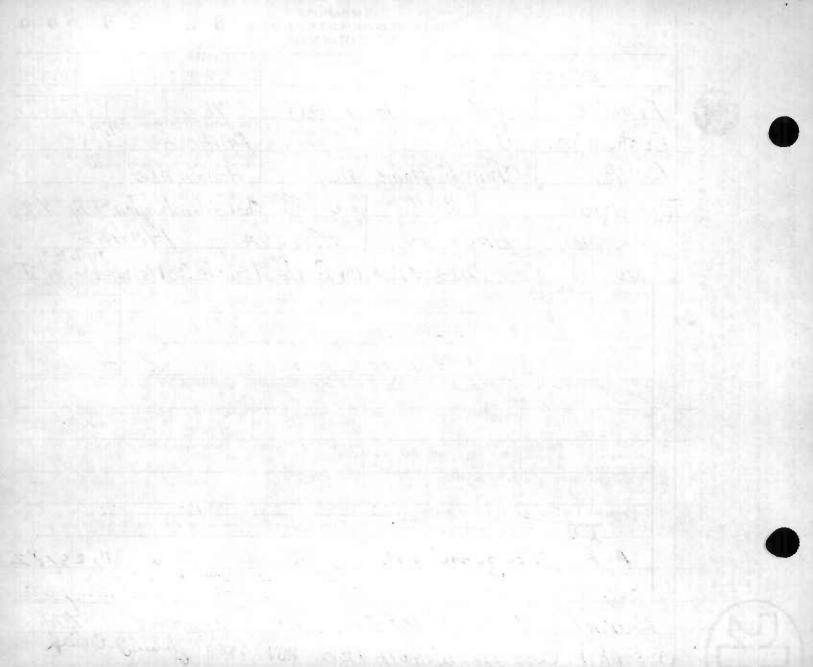
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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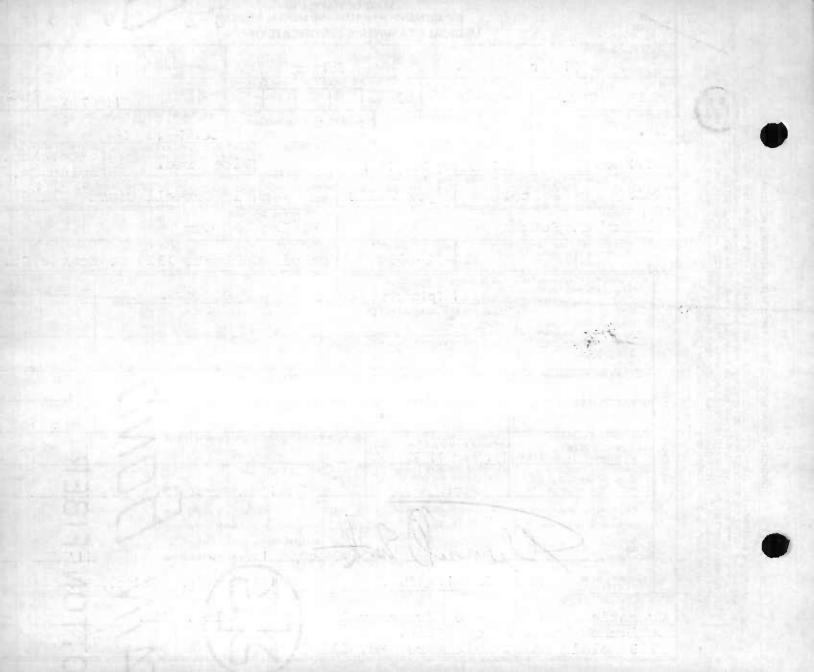






DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE KNOWN X MONTH 2a. DATE 2b. HOUR (TYPE OR PRINT) EST1 Richard A. Sutton DEATH MATED 82 19 4 RACE 1 SEX 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. 33 BIRTHDAY IF UNDER 24 HRS DATE 2d HOUR 9-25-49 PRONOUNCED :33A MALE Cau. DEAD 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Md . USA WIDOWED DIVORCED Baltimore City CITY OR TOWN OF DEATH BaltwysTRAsp. Vice Pres. Baltimore University Hospital Paving Co SUAL RESIDENCE (IF IN NURSING 13 STREET ADDRESS PPET Falls, Md Balto Upper Falls 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Richard T. Violet. Sutton Gum 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (IF YES, GIVE WAR OR DATES) -52 - 0330Calvin Coblentz 1320 N. Monroe St. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH USED AS A BURIAL - TRANSIT PERMITOR HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple stab wounds DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, WRITING THE WORI ARDED TO THE CH GE 3 SHOULD BE U TE DEPARTMENT O YES W NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH : 10 KKX 1982 Subject stabbed 21e PLACE OF INJURY (AT HOME 211 LOCATION EXECUTE THE CERTIFICATE, WRITING ANGLE & FORWARDEE TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) COUNTY WHILE DOT WHILE 8200 Pulaski Hwy Rosedale bar 220. I certify that I taak charge of the remains described abayes held an Autapsy Inspection Hamicide X death resulted from: Accident Undetermined manner TITLE (SPECIFY) Deputy Chief MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. III Penn St. Balto. MD. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236, DATE 11-10-82 Balto., Cremation Greenmount Md. 25a. DATE REC'D. BY REGISTRAR 256. BEG ISTRAR'S SIGNATURE 24Schrimthek Funeral Home, Inc. **DHMH - 17** 9705 Belair Road, Baltimore, Md. 21236 (VR A15 ME (5))

20M 4/82



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İ	23 e Bi	JRIAL, CREMATIC	N, REMOVAL 23	b DATE	23c. NAME OF	CEMETERY C	RCREMATOR	23d.	LOCATION		COUN	4JY	STATE
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17/	FOR 1 - STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HY RTIFICATE OF DEATH		9 0 8 9
A Z	DECEASED NAME FIRST	WIDDLE	LAST	REG. NO.  76. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
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oy be	ROBE 3. SEX		SWINDELL ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	15 82 II.) AM
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E 22/2	COUNTRY)		ARRIED 🗷 NEVER MARRIED 🗆	9. BALTIMORE CITY OR COUNT	YOFDEATH
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offer of the	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO	(5)	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY
file file	BALTIMORE	UNION MEMORI		Executive-Swi	ndell Glass Co
D 21	13a STATE 13b CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS UNITY 136. CITY OR TOWN	SION) 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
AN S EUD	Maryland	Baltimore	YES NO	909 St. Georg	e's Rd. 21210
RYL vithi	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	1221
MAM we ed w	Walter B		. Gertru		Velasco
recuted comp	160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECURITY I		ADDRESS	
IMORE on ond c Pages medica	No (# YES.	212 01 200	9 Robert H.	Swindell, Jr.,	Balto., MD
ST., BALT rifficote by physicio onpapers emovol.	18 CAUSE OF DEATH (Enter	only one cause per line for (a), (b), and (c),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours of the this certificate has been signed by the ottending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled in by an Americal Hygiene prior to burial, cremation, or removal.	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE  (b)  DUE TO, OR AS A CONSEQUENCE  (c)  T CONDITIONS CONTRIBUTING TO DEATH	OF OF		VEN IN PART Ito
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nn. nos been ne prior	19e. DATE OF OPERATION	196. CONDITION FOR WHICH OPER	ATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \( \text{NO} \)
VITAL RE ICAN The ICAN The ICAN TO ICAN TO ICAN TO ICAN TO ICAN TO ICAN THE ICA	21a, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18.	
V OF VIII		PEAIN	EAR		
PHYSICIAN: ending phys this certifico the burial-tron and Mental Hy d or Item 18	(IF EITHER, NOTIFY MEDICAL EXAMIN	P.M. 21e. PLACE OF INJURY	21f LOCATION		
Aren the the bond ond ced o	ANTITE MOD WATER	(AT HOME, STREET, FACTORY, OFFICE, FARM, ET	C ) STREET	CITY OR TOWN	COUNTY STATE
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1119	73a BURIAL, CREMATION, REMOVA		OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
// OBP	Burial		don Park	Balto.,	MD
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FUNERAL DIRECTOR Hen 4905 York Roa	ry W. Jenkins & S ad Balto., MD	Sons Co. 250. DA 21212 NO	TE REC'D. BY REGISTRAR 25 FEGIS	TRAR'S SIGNATURE

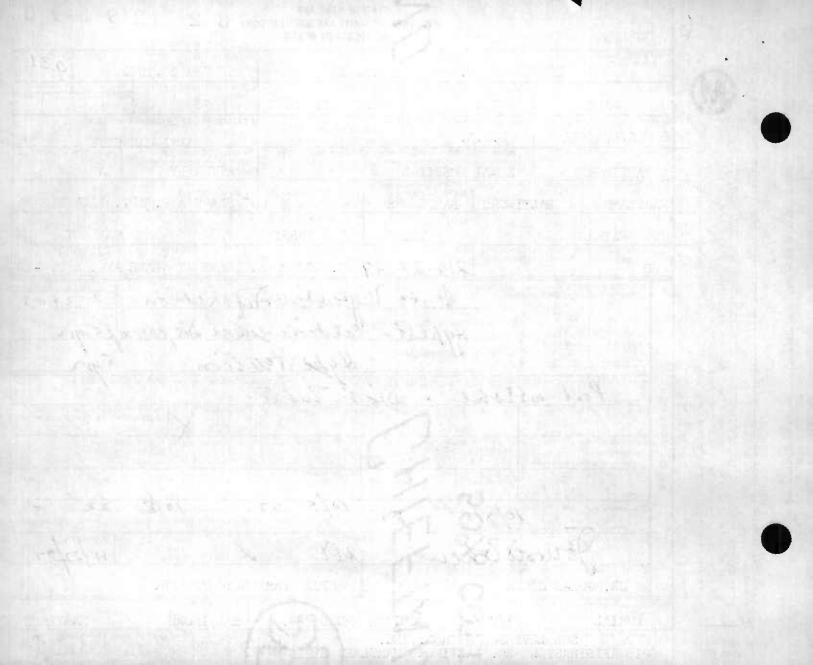
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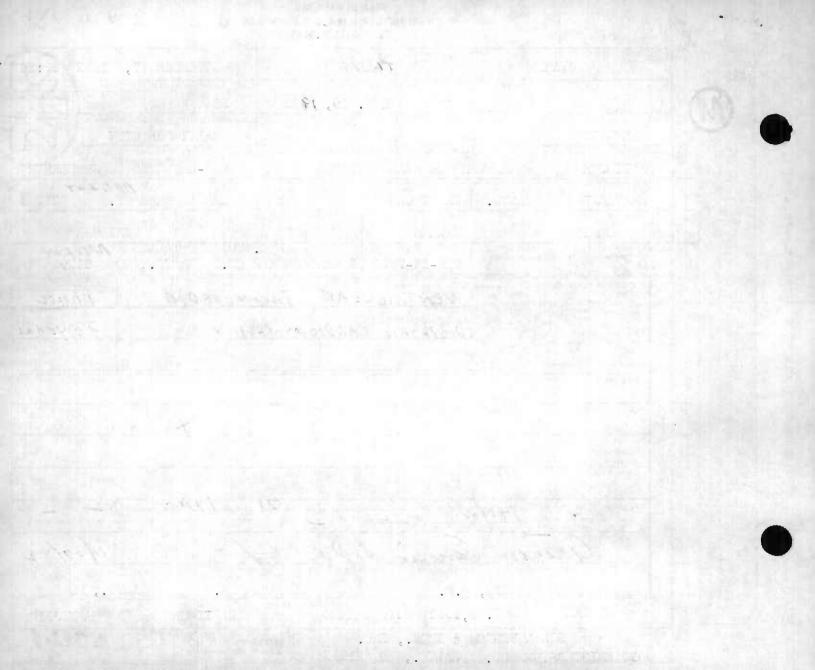
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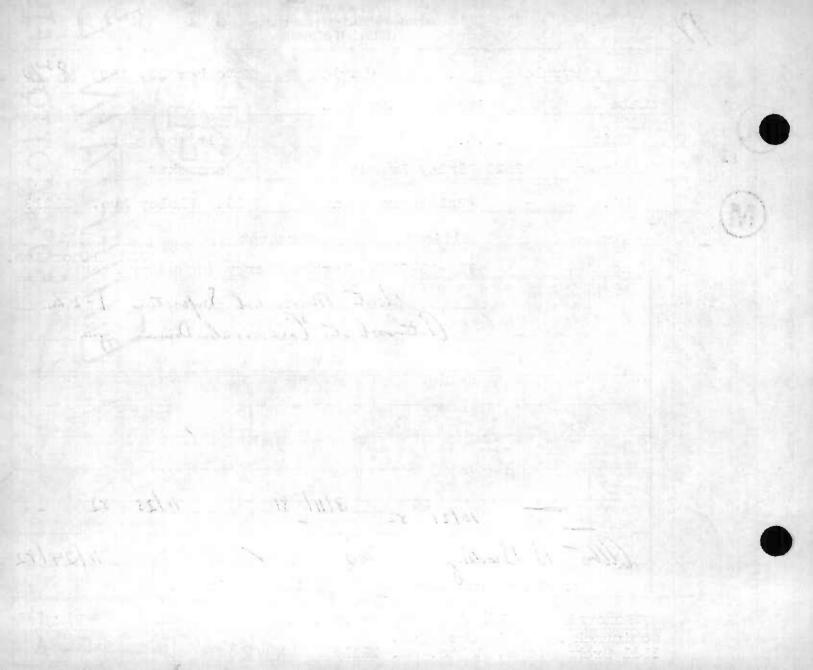
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

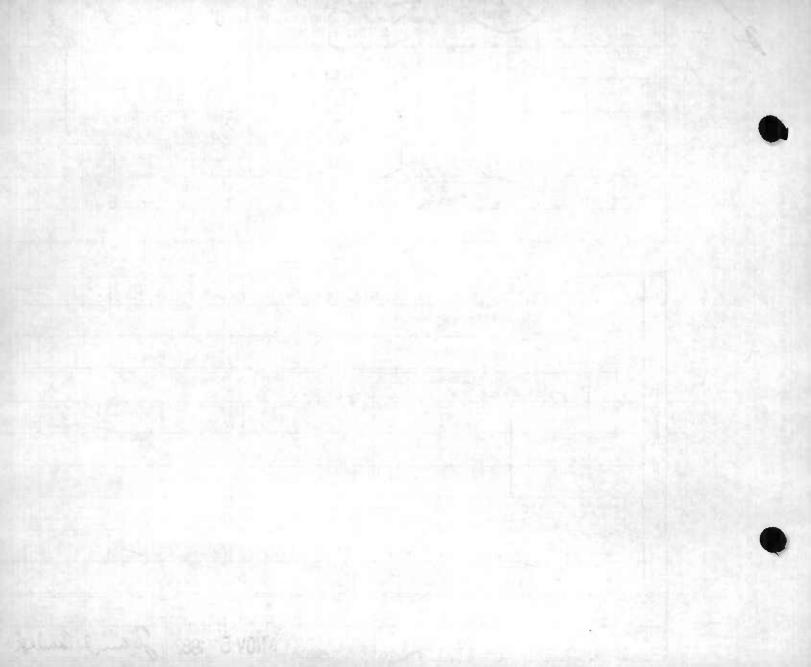




2	FOR 1 - STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH		29092
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moy pod :	3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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OR ATT OR ATT DIRECT Coched fo Dept. of If Item 2	27% SIGNATORE	ot view the body after death.	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG NO. DECEASED NAME 28 DATE OF DEATH MONTH 2h HOUR TYPE OR PRINT eatrice 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 1.5EX DATE OF BIRTH 11 07 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Imore WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR INOT A SUCH FACILITY GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Altimore WAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 1528 N. YES TX Mount St. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) Claymore C. Sieck 311 E. Chase St. N/A 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Ventricular Fibrillation IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 718 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M. 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram\_ saw the deceased alive an. , and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above, (1) (we) (did) (did not) view the bady after death. THE SERVITATIONS DEGREE 22c DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME (TYPE OF PRINT) 77e ADDRESS 560 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE STATE (SPECIFY) COUNTY Md. 11/6/82 Mou-nt Auburn Cem Baltimore BURTAT 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 ADDRESS (VRA 15(4)) Wm.C.March F/H Inc. 1101 E. North a venue

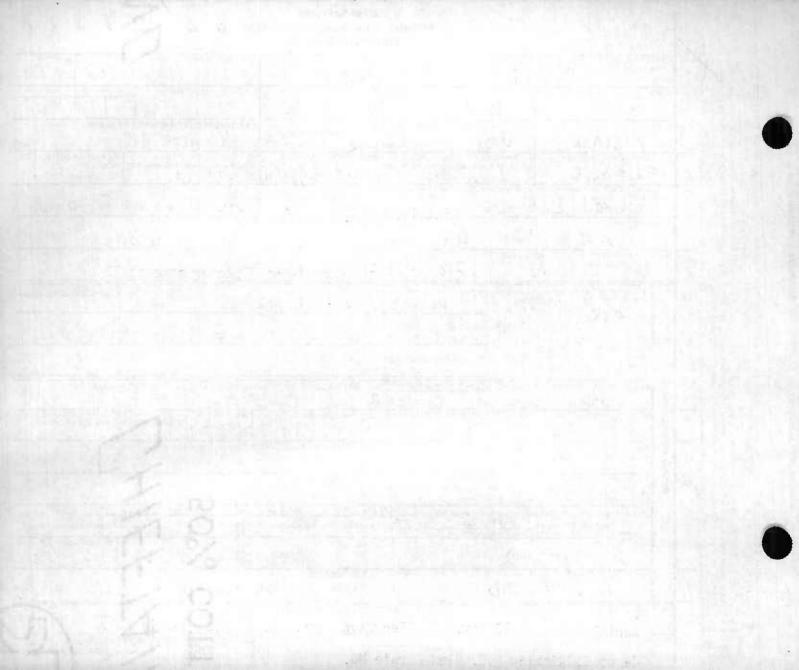


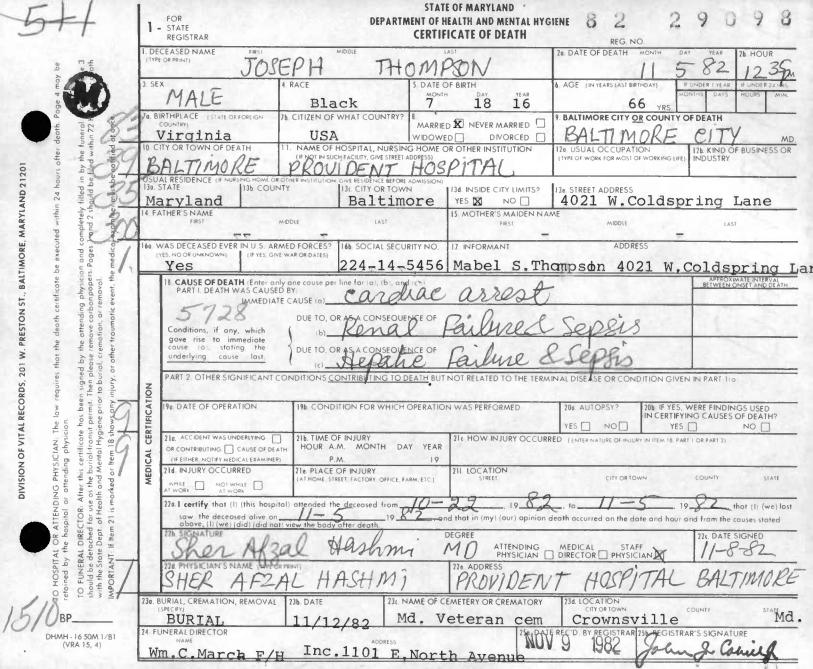
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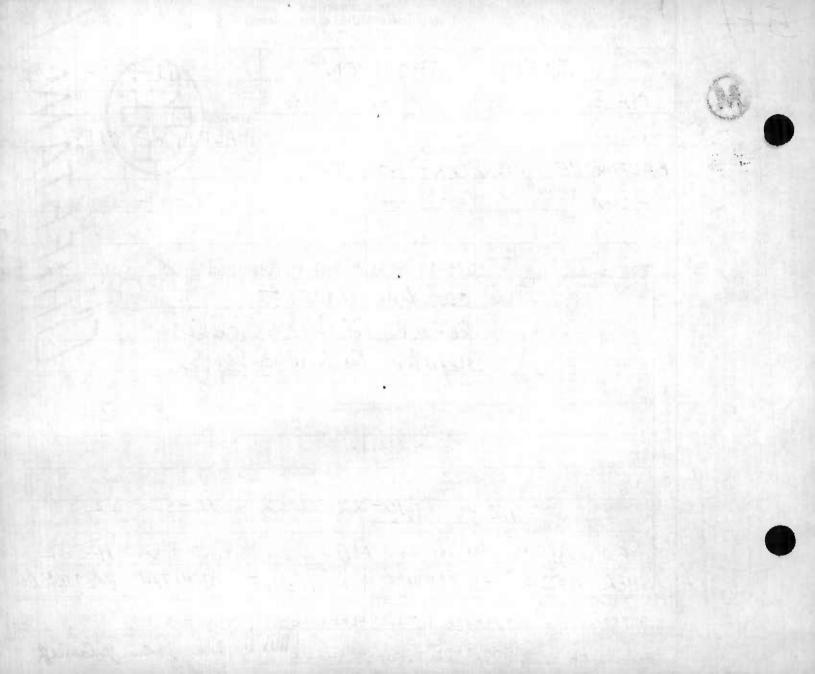
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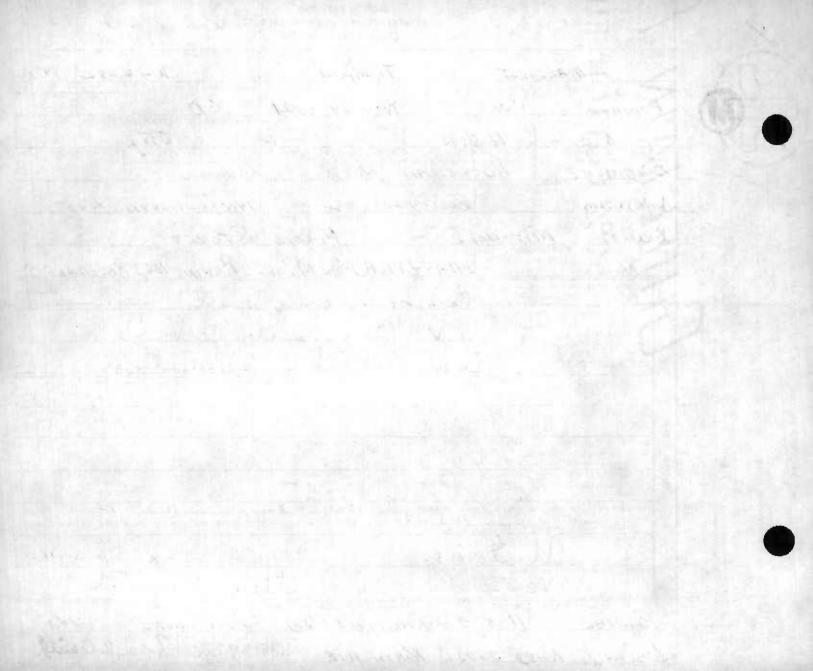
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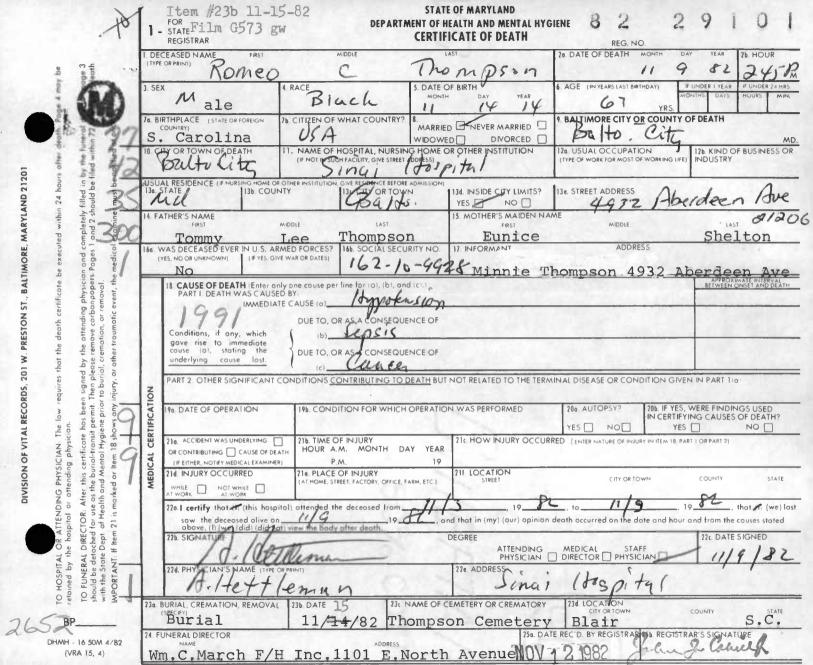


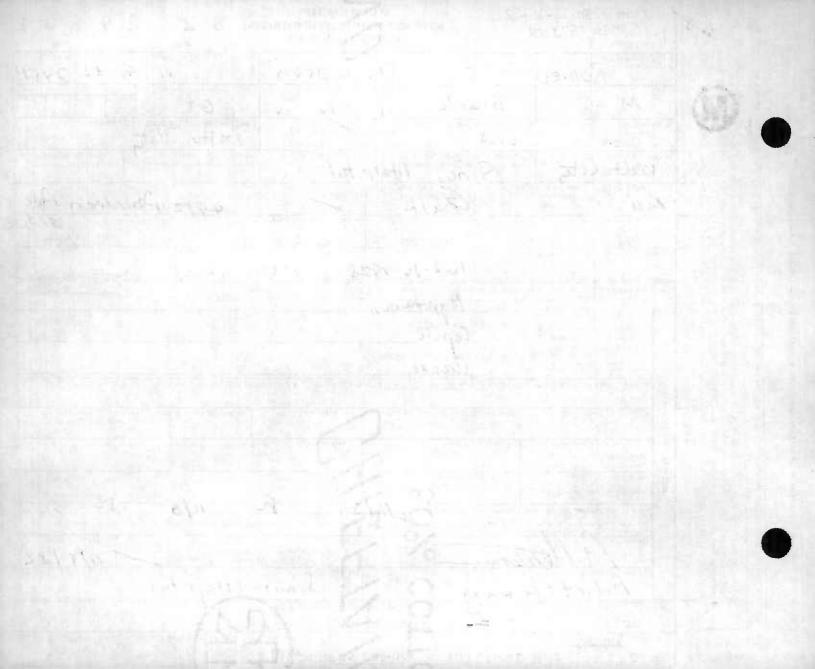




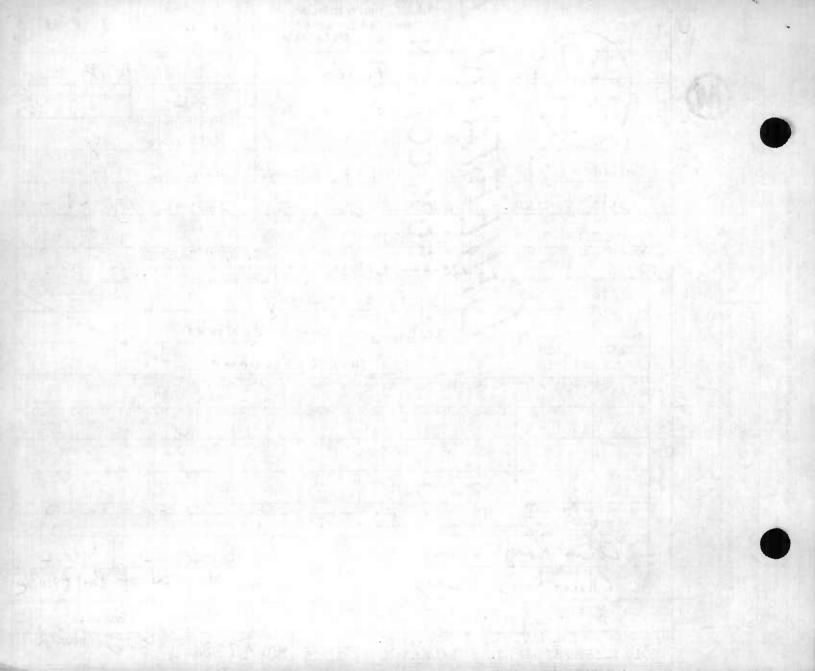


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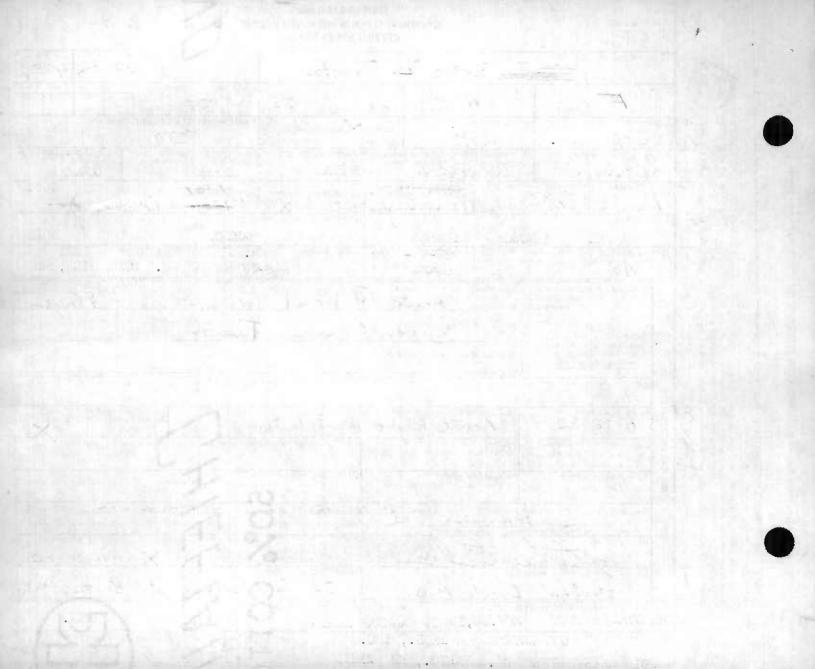
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IMPORTANT	22d. PHYSICIAN'S NAME (TYPE OR PI STEPHEN SURIAL CREMATION REMOVAL	Lincoln M.D.	22e ADDRESS	So. Greene S	- 00

BALTO, MD 21215

(VRA 15, 4)



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24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co.

4905 York Road Balto., MD

MIDDLE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH

2h HOLLE

12h KIND OF BUSINESS OR

Own Home

Same .

APPROXIMATE INTERVAL

2. WKS

21217

82

INDUSTRY

Land

COUNTY

Calvert

250. DATE REC'D. BY REGISTRAR 256 PER ISTRAR'S SIGNATI

22c. DATE SIGNED

MD

IF UNDER I YEAR

16

LAST

21212

DHMH - 16 50M 4/82 (VRA 15, 4)

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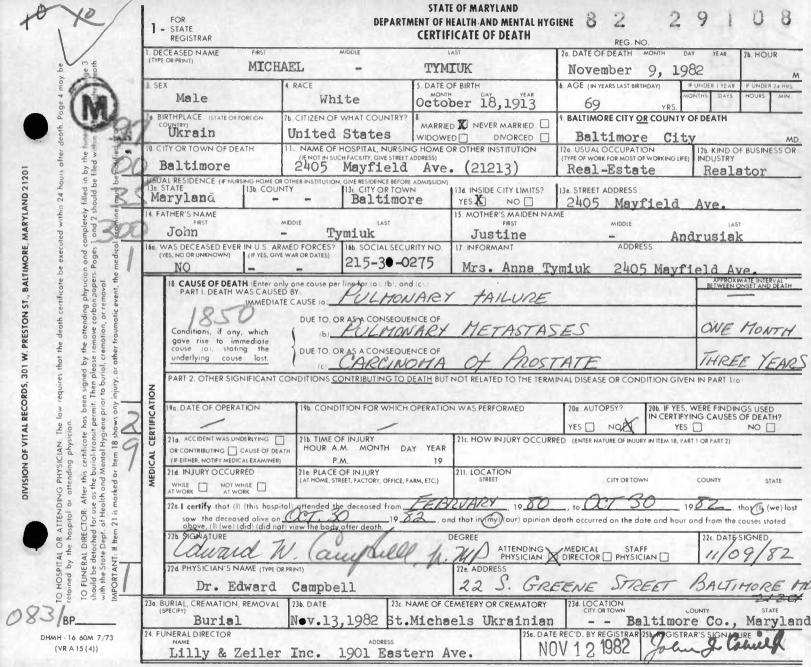
REGISTRAR

DECEASED NAME

- STATE

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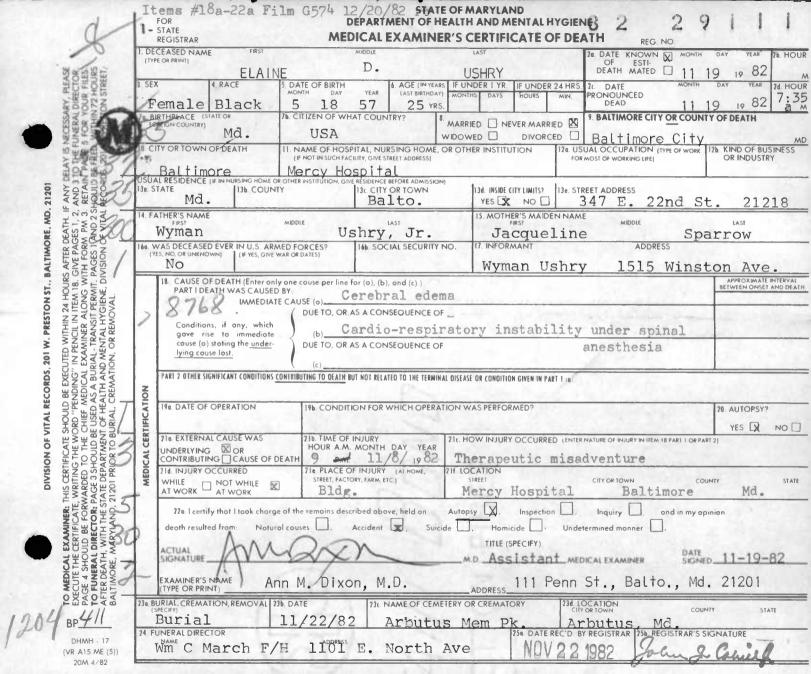
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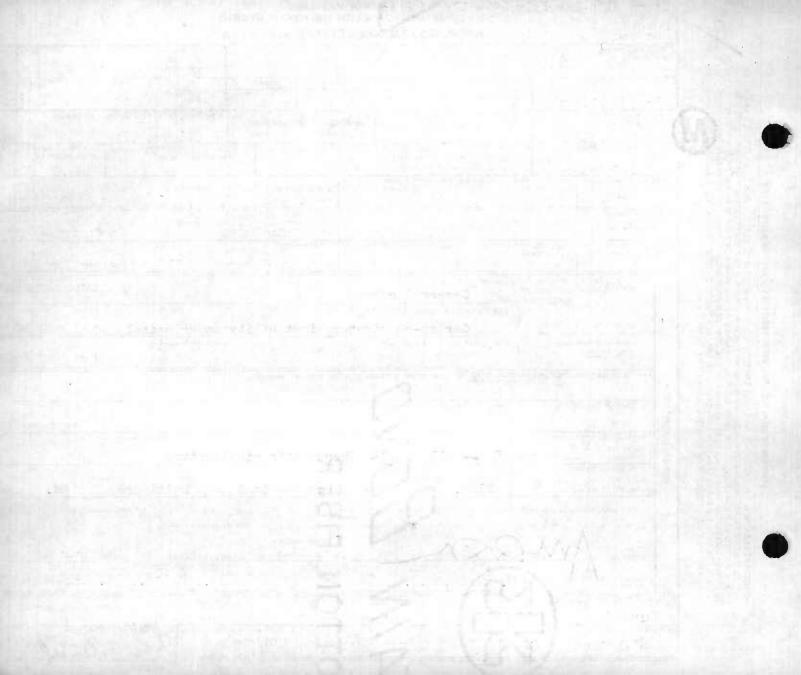
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		GISTRAR		CERTII	ICATE OF DEATH	DCC.	NO		
	I. DECEA	SED NAME FIRST	MIDDLE		AST	REG.	-	YEAR 21	HOUR
e & <del>†</del>	(TYPE OR	PRINT	FRED J. UNI	ERWOOD				. "	h Hour
2 0 0		ALFRE		JYDKU.			11/5/	25	5 PM
ANN	3. SEX		4 RACE	5. DATE (		6 AGE (IN YEARS LAST	BIRTHDAY) IF U		FUNDER 24 HRS
LIMIE	1	MALE	WHITE	6	4 11	71	YRS.		
186	7a. BIRTH		76. CITIZEN OF WHAT COU	VTRY? 8	Detica wants D	9. BALTIMORE CITY	OR COUNTY OF	DEATH	
Georgia de ort	COUR	M D	ACV	WIDOW	D NEVER MARRIED DIVORCED	R.	420 Cit	V	
within with	TO CITY	OR TOWN OF DEATH			OR OTHER INSTITUTION	120 USUAL OCCUPA		12b. KIND OF B	MD.
oy the	0		(IF NOT IN SUCH FACILITY, GIVE			TYPES WORK FOR MOS	T OF WORKING LIFE)	INDUSTRY	NOSINESS OR
N =		DITO CITY		MDV	JA71923	KERR	الداع	MD. Vet	t:Comm.
how how	130. STA	ESTDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRES	5 - /	1	(21220)
MARYLAND 2 ed within 24 ho mpletely filled 1 ond 2 should b		10		67.	YES NO D	3783	BEACH	Du	(21220)
tely 2 sh	14 FATH	R'S NAME			15. MOTHER'S MAIDEN NA	ME		7.11	
d w b	11.5	PERST	MIDDLE LA	ST	FIRST	DWIDDIE	. 1	LAST	
	160 10/05	DECEASED EVER IN U.S. AR	UNDER COOL	L SECURITY NO.	NEOBWANT .	KUS			
BALTIMORE, cote be execut ysicion and co ppers. Pages.1 vol. 't, themedica		O OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES)	L SECORITY NO.	Kenneth Un	dorwood I	3001 Mich	nigan A	V91227
TIM Far Po		Yes W.V	V. II 216-	01-5664	Kennech on	der wood i	Dal CHIOLE	syria.	Z1221
T., BAL inficote physicie movol. vent, thu	18.	CAUSE OF DEATH (Enter or	nly one cause per line for toi,	b), and (c)				APPROXIMA'	TE INTERVAL
; 4 4 6 6		PART I. DE ATH WAS CAUSE		2020 C	-VI			8 400	
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201 W ted by please urial, cr	-	derlying coose lost.	( 10) 1200M	NASS V	era Kuptur	2			
		RT 2. OF HER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION GIVEN	IN PART 110	TABLE .
RDS,	6 C	a larry. }	MENONIA TERC	teu - rabier	IN ME FISHULA.	Mediastin	SIMS		
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir offerding physicion.  After this certificate has been sig os the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or them 18 stopes any injury		DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, W	ERE FINDING	S USED
L Re los hos per los	Ē	9/24 / -				YES T NOT	IN CERTIFYIN	G CAUSES OF	F DE ATH?
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A OF VIII	0.6	CONTRIBUTING CAUSE OF DEA		H DAY YEAR	-	(CHAILM MATORE OF IN	SORT IN THEM TO PART	OK PART 2)	
SIC cert from the strip of the	Q L	IF EITHER NOTIFY MEDICAL EXAMINER		19					
PHYSI cending this ce buring ad Merital	9	. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
IVIS JG P other ter the sther honor	AT 1	MORK AT WORK		1		1			
0 0 0 E	220	I certify that (I) (this hospi	tal) attended the deceased	from 9/2	19 82			SC the	ot (I) (we) lost
R ATTEN hospital RECTOR: ned for us spt. of He		sow the deceased alive on	11/5	19/42,01	nd that in (my) (our) opinion	death occurred on the	date and hour an		
	721	obove, (I) (we) (did) (did no SIGNATURE	t) view the body of the death	11	DEGREE			22c. DATE SIC	
0 0 0 0 0		11	714	/ _	ATTENDING _	_ MEDICAL ST	AFF	The ball pic	1
HOSPITAL ined by th FUNERAL wid be detch the Stote		1 6 Pull	my & yell	and	PHYSICIAN [	DIRECTOR PHYS	CIAN	11/5	187
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Of of Mark	23a. BURI	AL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
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1000 pr		RALDIRECTOR	111/9/182	Barto.	Nat'l. Cem	• Balt:		Maryla	
DHMH - 16 50M 4/B2		rge JGor	Ce.4001 Rid	Thie H	G	ADDO	ZJB. KEGISTRAR	SHONATUR	
(VRA 15, 4)	000	Balti	mete, Md. Rim	COLLEC II	a., MAA 8	1982	hund	concely	K

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STATE OF MARYLAND	20110
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	2 1 1 9
REGISTRAR CERTIFICATE OF DEATH	
I. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
Toseph Emery Unaak	11 6 82 103 Am
3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
male white 6-17-05 77	YRS.
70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED . NEVER MARRIED . 9 BALTIMORE CITY OF	R COUNTY OF DEATH
WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	are Lity MD.
10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  21.2 44 (Type OF WORK FOR MOST C	
	nen Govt.
USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEHARE ADMISSION)  136. STATE  136. COUNTY  136. STREET ADDRESS	21214
Z C E S MD   W.H   Balt, mare YES X NO [ 301] Bel	penlylld baltimore
15. MOTHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE	3 LAST
166. SOCIAL SECURITY NO. 17 INFORMANT JOSEPH UNCHRADDRI (IF YEGIVE WAR DECENS) 166. SOCIAL SECURITY NO. 17 INFORMANT JOSEPH UNCHRADDRI (IF YEGIVE WAR DECENS) 169. OF 15 INFORMANT JOSEPH	1 0 0 2/2/3 L
8 08 08 093-05-464800 3011 Beu	C119 14 10 11 100
IB GAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PARTI DEATH WAS CAUSED BY:  MMMEDIATE CAUSE (a) Pulmonary Embolism	l m D
TO LE TO DUE TO, OR AS A CONSEQUENCE OF	
Canditions, if any, which gover rise to immediate	)13 CASE 15 4-5
DUE TO, OR AS A CONSEQUENCE OF	
underlying couse lost.  (c) Consentive Heart Fail  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CON	re Lyrs
	DITION GIVEN IN PART 110
O D D D D D D D D D D D D D D D D D D D	206. IF YES, WERE FINDINGS USED
A Second	IN CERTIFYING CAUSES OF DEATH?
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27 S S S S S S S S S S S S S S S S S S S	THE TENTO TO ANY TOWN EX
ON CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH	
216. INJURY OCCURRED  WHILE OF INJURY  IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211. LOCATION  STREET  STREET  THOMAS STREET  STREET  THOMAS STREET  STREET  STREET  THOMAS STREET  STR	WN COUNTY STATE
	. 19 8 2, that (I) (ve) lost
saw the deceased alive on 10/29 1982, and that in (my) (aur) apinian death accurred on the d	
obove, (I) The (did) (and act) view the body after death.  DEGREE  ATTENDINGS MEDICAL STA	22c. DATE SIGNED
ATTENDING MEDICAL STA	
THE PHYSICIAN MANE THE PHYSICIAN MODIFICATION OF THE STORE AND	THE BLACK
	21218
236 BURIAL, CREMATION, REMOVAL 236, DATE 1 236 NAME OF CEMETERY OF CREMATORY 236 LOCATION	
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370 BP Surial 11/10/82 London Bark Cem Ralt	TIME COUNTY WE STATE  25 PEGISTRAR'S HONDURE

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Harry H Witzke 4112 Columbia Rd Ellicott Cit

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

- STATE

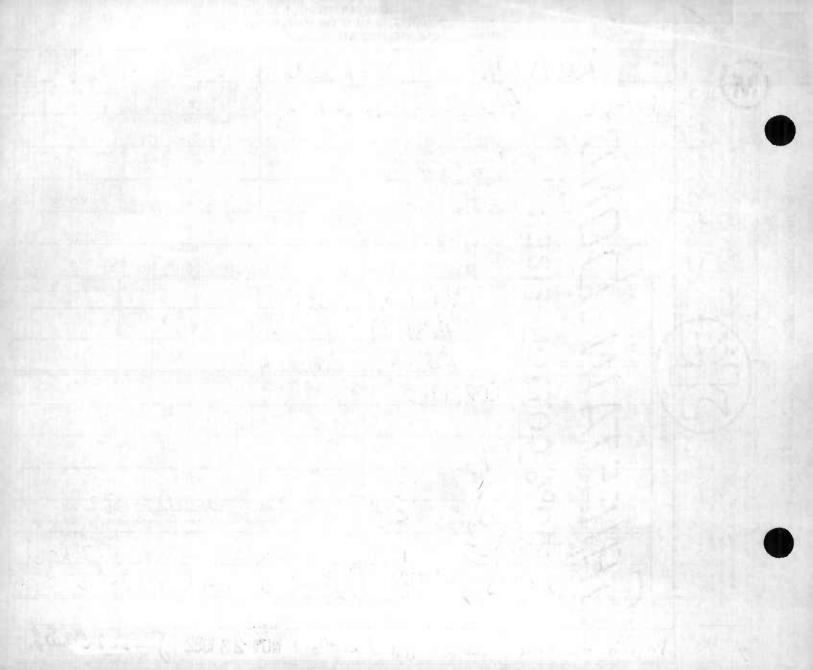
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	I. DE	FOR STATE REGISTRAR CEASED NAME OR PRINT)	MIODLE	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH	YGIENE 8 2  REG. N  2a DATE OF DEATH	MONTH DAY YEAR	26 HOUR/5
Poge 4 moy b	1.5E		A RACE  B  Th CITIZEN OF WHAT	MONT /C	- 0	6. AGE (IN YEARS LAST BIR	YRS. IF UNDER I YEAR MONTHS DAYS YRS. OR COUNTY OF DEATH	R IF UNOER 24 HR
ofter deoth.	10%	O DR TOWN OF DEATH	11. NAME OF HOSPIT	MARRIE WIDOW AL, NURSING HOME Y, GIVE STREET ADD (1985)	ED NEVER MARRIED !  ED DIVORCED [  OR OTHER INSTITUTION	10.16	City City	OF BUSINESS C
in 24 hours	136.5	L RE IDEN E (IF MURSING HOME OF		ALLEGE BEFORE ADMISSION OF TOWN	13d INSIDE CITY LIMITS? YES NO	501 Dolar	hi st.	Apt 50
e executed with		FIRST ARRIS  VAS DECEASED EVER IN U.S. AR ES. NO OR UNKNOWN)  (1F.YES. GIV	MED FORCES? 166 SC	DCIAL SECURITY NO.	15. MOTHER'S MAIDEN I	ADDRE	HiL	TON
e; that the death certificate ned by the attending physici please remove carbonopoper uriol, cremation, or removol. r, or other troumatic event, th		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA: Conditions, if ony, which gove rise to immediate couse lol, stoling the underlying couse last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A (c)	CONSEQUENCE OF	pulmona/ pulmon	in's Line	failur	XIMATE INTERVAL NONSET AND DEATH
ion. I he fow requirion ion is hos been signification in the neme prior to brows only injury	CERTIFICATION	19a DATE OF OPERATION		OR WHICH OPERATIO		200 AUTOPSY?  YES NO	206. IF YES, WERE FINDI	INGS USED
trending physic trending physic trending certificate the buriol-trans and Mental Hyg ed or Item 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M.  21e PLACE OF INJU	ONTH DAY YEAR 19	211 LOCATION STREET	URRED (ENTER NATURE OF INJU		STATE
the hospital or o the hospital or o L DIRECTOR: After stoched for use os the Dept. of Health is if them 21 is mark		22a. I certify that (I) (this hospi sow the deceased alive on above, (I) (we) (did) (did no 22b. SIGNATURE	11/1/82	19 0	DEGREE ATTENDING		ote and hour and from the	, that (I) (we) lo e couses stated E SIGNED
TO HOSPITA TO FUNERA Should be de with the Stol	22- 0	22d. PHYSICIAN'S NAME (TYPE O	WANAG	vol	220 ADDRESS		sepital	
DHMH - 16 50M 1/81 (VRA 15, 4)	24. FU	URIAL, CREMATION, REMOVAL PECIFY  BURIAL NERAL DIRECTOR NAME NAME NAME NAME NAME NAME NAME NAME	236. DATE 11-8-8	23 NAME OF C WOOD	7 111	23d LOCATION CITY OF TOWN ATE RECD. BY REGISTRAR		state mal

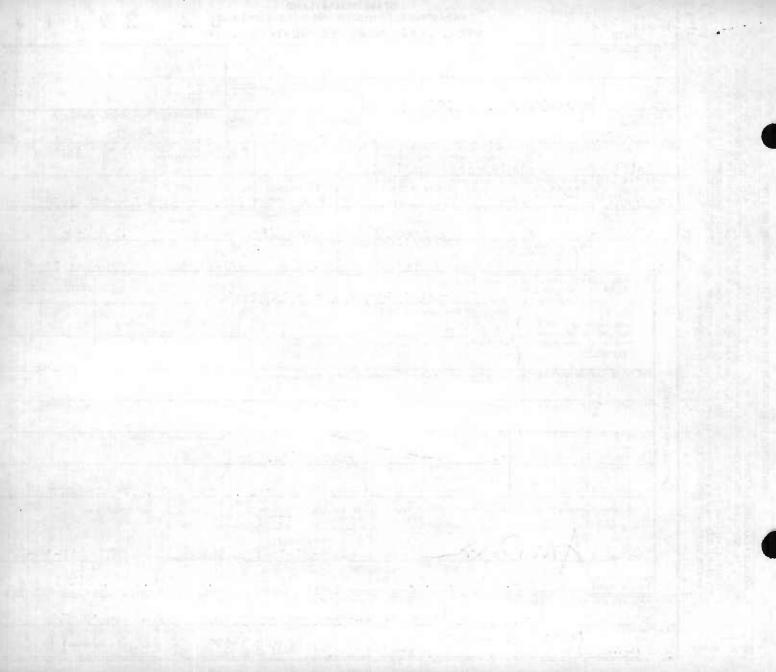
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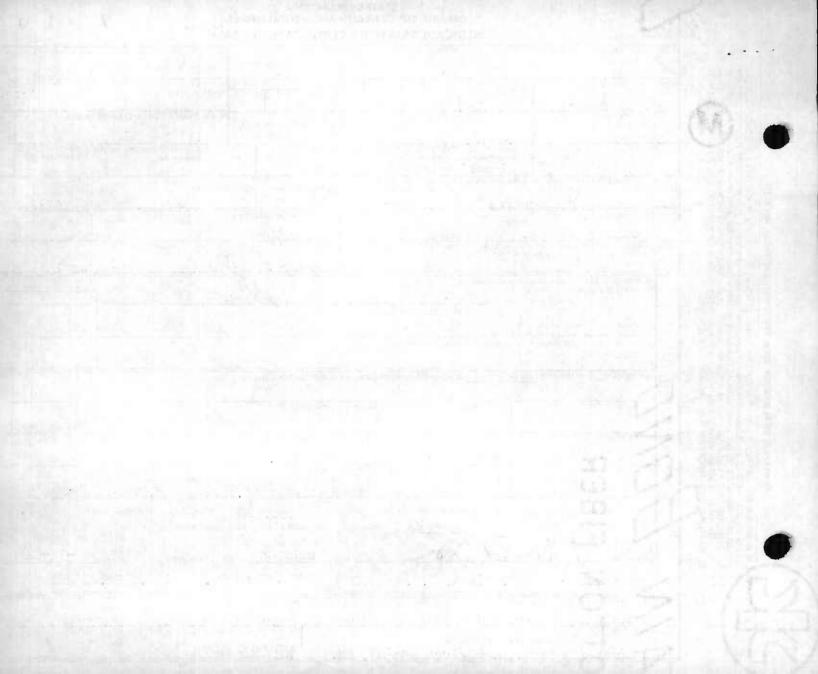
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7		CEASED NAME RIFIEST	DOLPH	MIDDLE	-0	CLSON	2a. DATE OF D		DAY YEAR 21 82	26 HOUR
9	3. SE	MALE	Bla	ck	5. DATE C		6. AGE (IN YEA	55 YRS		HOURS MIN
A STAN		RTHPLACE (STATE OR FOREIGN COUNTRY)  Carolina	78. CITIZENO	F WHAT COUNTRY?	8. MARRIE	NEVER MARRIED		more C		٨
by the filled with	19.00	TY OR TOWN OF DEATH	11. NAME OF		IG HOME C	R OTHER INSTITUTION	12a. USUAL OC		12b. KIND (	OF BUSINESS C
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campletely	-	ATHER'S NAME FIRST  Raymond	MIDDLE	Venson		15. MOTHER'S MAIDEN NA Lela	AME	WIDDLE		ST
s. Pages 1		VAS DECEASED EVER IN U.S. A	ARMED FORCES? GIVE WAR OR DATES)			17. INFORMANT  Rosa Lee V	/enson	ADDRESS 4400 Ro		d XIMAYE INTERVAL LONSET AND DEATH
r ta burial, crematian, ar rema injury, or ather traumatic even	NO	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED OF THE PART	DUE TO, (b)_ DUE TO, (c)_	OR AS A CONSEQUE	AL	- PSYCH POLLED NOT RELATED TO THE TERM	OST) LE MINAL DISEASE (	DR CONDITION (	GIVEN IN PART 1	(a)
permit.	CERTIFICATION	19a DATE OF OPERATION		DITION FOR WHICH	OPERATIO			NO IN CER	YES, WERE FINDI TIFYING CAUSE: YES [	
burial-trail	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	DEATH HOUR A	OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F	19	21f. HOW INJURY OCCUR		RE OF INJURY IN ITEM T	COUNTY	STATE
Popt. of Health and		22e.1 certify that (I) (this has sow the deceased plive above, (I) (we) (did) (did	on D	19_	8 6	d that in (my) (aur) apinian DEGREE	MEDICAL _	STAFF		that (I) (we) lo e causes stated E SIGNED
with the State		224 PHYSICIAN'S NAME (1VP	271	20	AUS	PHYSICIAN 220 ADDRESS	DIRECTOR L	ACT/Y	URE S	57.212
: ₩ 3 <b>≥ 7</b>		BURIAL, CREMATION, REMOVA	236. DATE			emetery or crematory  Chapel Ce	23d. LOCAT	kev	COUNTY	STATE N C
30M 2/80	24 F	UNERAL DIRECTOR	/ Al	ADDRESS			TE REC'D. BY REC		ISTRAR'S SIGN	aheel &

STATE OF MARYLAND



	100				ST	ATE OF	MARYLAND				
	1	1	FOR		DEPARTMENT O	FHEALT	H AND MENTAL H	IYGIENES 2	2 9		23
	2	11.	STATE REGISTRAR	MI	EDICAL EXAMI	NER'S	CERTIFICATE C	F DEATH DE	G. NO.	1000	1
	/	1.08	CEASED NAME 185	M.S.	MIDDLE		LAST	2a. DATE KNOW		DAY YEAR	2b. HOUR
		(11	HI GERENT)					OF ESTI		0.0	10.11001
	28.83.E	_	The second secon	RAHAM	Α.		LLARREAL	DEATH MATE	D U 11	18 19 82	M
	원인보호문	3. SE	X 4. RACE	S DATE OF BIRTH		HDAY) MON	NDER 1 YR. IF UNDER	24 HRS. 2c. DATE	MONTH	DAY YEAR	24 HOUR 9:35
	ARY, PLEASE DIRECTOR OUR FILES, V72 HOURS FON STREET,	Me	rle Caucas	172	0.1980 2	YRS.	HOURS HOURS	DEAD	11	18 19 82	9. 7
	2 4 5 K	- 7x B	IRTHPLACE INTANCE	7h. CITIZEN OF V	WHAT COUNTRY?	Ta .		9 BALTIMORE C	ITY OR COUNT		
	NECESSARY, P FUNERAL DIREC 5 FOR YOUR W PRESTON ST	) "	DREIGN COUNTRY)				IED NEVER MARR				
	発音がきる	1	Maryland ITY OR TOWN OF DEATH	U.S.			VED DIVORC		ore City		MD.
	SHEET STATES	7	IT OR FOWN OF DEATH		SPITAL, NURSING HO		HER INSTITUTION	12a USUAL OCCUPATION FOR MOST OF WORKING LIF		OR INDUSTR	SINESS
	30 th March 1		Baltimore	Univers	ity Hospit	al		12-13-13-13-13-13-13-13-13-13-13-13-13-13-			
	CONTAIN TO		AL RESIDENCE LIE IN NURSING ME	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMI	(55 (ON)	1	1			
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	TA SA	2000	tyland IPr.	Georges	Brentwood	1	YES X NO	3605 Webste	or Stree	t 20722	7
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1	\$ \$50 37 (d)	1	Abraham	Α.	Villarred	18	Domidil	a	Gua	rdado	
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	N W W		18 CAUSE OF DEATH (Enter PART I DEATH WAS CA	LICED AV						BETWEEN ONSET	AND DEATH
- 7	WITHIN 24 HOUS ENCIL IN ITEM 18. MINER ALONG W TRANSIT PERMIT. INTAL HYGIENE. I		IMME	DIATE CAUSE (a)	Thermal inju	ury &	smoke inha	lation			
	25450	12	8702	DUE TO, C	R AS A CONSEQUENC	E OF					
200	ALHN REMO	1	Conditions, if any, w								
	NAME AND ASSESSED.	1 -	gave rise to immed cause (a) stating the un		OR AS A CONSEQUENC	20.20				-	
- 1		1	lying cause last.	1 50210,0	AS A CONSEQUENC	E OF					
	DE DECUTE BUDING: IN WEDICAL EXA AS A BURIAL AS A BURIAL AS TH AND M CREMATION.			(c)							
- 3	888888		PART 2 OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE TO	ERMINAL DISEA	SE OR CONDITION GIVEN IN PA	RT 1 to			
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- 7	THE WEN		UNDERLYING OR		AX MONTH DAY YE	AR ZIG P	IOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN IT	IEM IS PART I OR PAR	(1.2)	
1	E E COES	13	CONTRIBUTING CAUSE	OF DEATH 1 . 4 3.	M. 11-17-19	82 H	ouse fire.				
1	E EN SERVE	WEDICAL	THE INTERPRETATION OF THE PROPERTY.	21e PLACI	E OF INJURY TATHOME.	. 21f LC	CATION STREET	CITY OF TOWN	- HITTERS	e 1	
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	展 B B B B B B B B B B B B B B B B B B	4	22a. I certify that I took o	harge of the remains d	escribed above, held ar	n Auto	osy Inspection	n X, Inquiry L,	and in my op	insan	Md.
	ALWELD L	7	death resulted fram;	Natural causes ,	Accident X	Suicide [	. Hamicide .	Undetermined manner			
	EXA CERTI JID B DHRE WITH	1	Λ.	. ^			TITLE (SPECIFY)				
	#####################################		ACTUAL O	MAL	<b>X</b>			+	DATE	11-19	2-82
	SERAFET	5	SIGNATURE	10121		^	A.D. <u>ASSISIA</u>	MEDICAL EXAMINER	SIGNE	D 11-13	02
	BHANGS.	4	EXAMINER'S NAME	A M 6.	- M D		111 D	one Ct Dald	to Md	21201	
	TO MEDICAL EXAMINER.  PAGE 4. SHOULD BE FORT  TO FUNERAL DIRECTOR:  AFTER DEATH WITH THE S  BALLIMORE MARYDAND.		(TYPE OR PRINT)	Ann M. Dix	on, M.D.		ADDRESS III F	enn St., Balt	0., Mu.	21201	
1	5XX5X8_	23a.1	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. NAME OF	CEMETERY (	OR CREMATORY	236. LOCATION	COUN	ITY STA	A TE
1110	M nn		Burial	Nov. 22.19	en Gata a	/ Hage	an Comatas	u Silver Spr			M.I.C
466	U BP	24 F	FUNERAL DIRECTOR Fran	100.22,19	or idure of	пеш		REC'D. BY REGISTRAR 256	REGISTRAR'S S		
	DHMH - 17		- Han	ark I Cak	V 111 1			7 7	0		
10	(VR A15 ME (5))		10 University	CCS J. COM	acris		Id NOV	22 1982	an so !	Much	





- STATE

TYPE OF PRINTI

1. DECEASED NAME

REGISTRAR

FIRST

126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 7867 Kentley Road 21222 Bruchey Jacquline Blum 7867 Kentley Road 21222 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) COUNTY STATE 10 52 19 52. and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated 22t. DATE SIGNED 11-11-82 PHYSICIAN DIRECTOR PHYSICIAN A A. Buria1 11-15-82 Crownsville Vet. Cem. Crownsville Maryland 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 21229 DHMH - 16 50M 4/82 HUBBARD FUNERAL HOME. INC. 4107 WILKENS AVE. (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

7b. HOUR

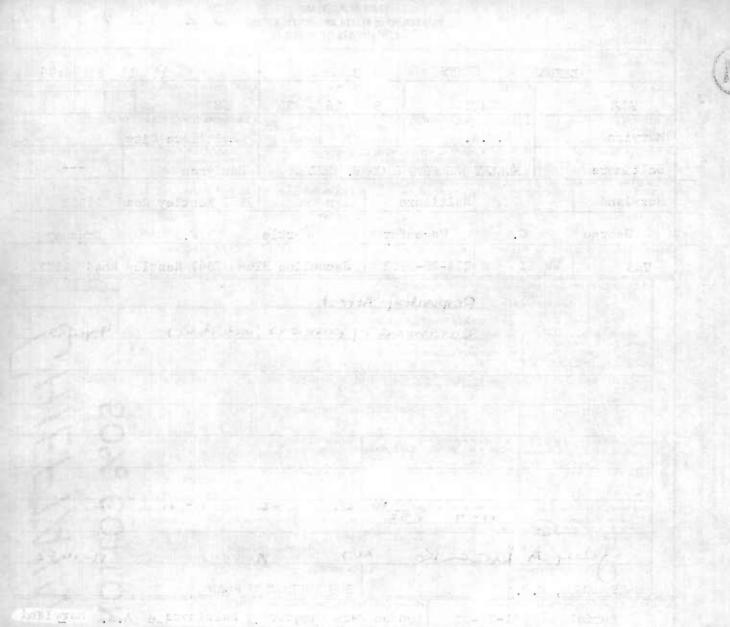
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IF UNDER I YEAR

6:36 Am

IF UNDER 24 HRS

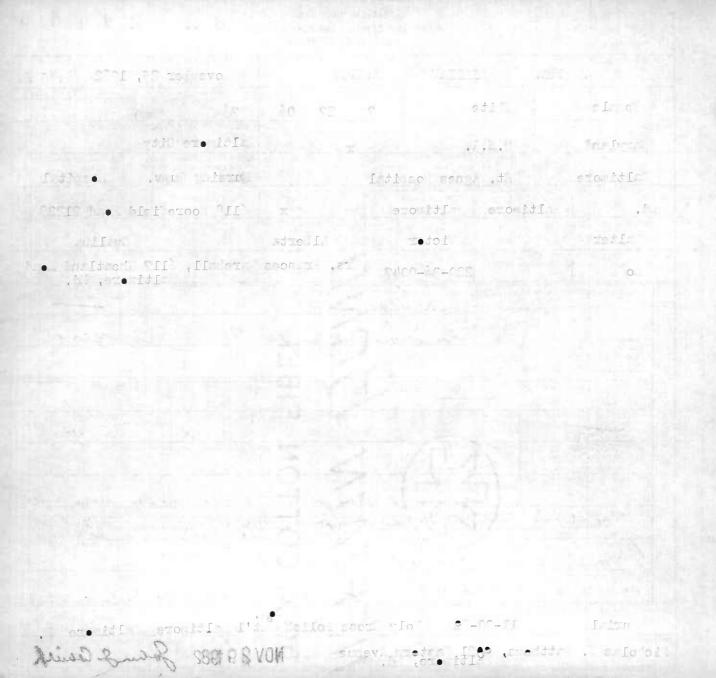
20 DATE OF DEATH MONTH



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1	STATE REGISTRAR	DEPARIM	CERTIFICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST ALBERTA	LILLIAN	WAGNER	November 25,	1982 8:45 P
3. SE	Female	4 RACE White	5. DATE OF BIRTH  MONTH  7  27  06	6. AGE (IN YEARS LAST BIRTHDAY)  76  YRS	FUNDER I YEAR IF UNDER 24 HRS ONTHS DATS HOURS MIN.
20	Maryland	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City  Baltimore City	MI
40	Baltimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A  St. Agnes Hosp	oital	IT USUAL OCCUPATION IT THE OF WORK FOR MOST OF WORKING LIFE) NUTSING Supv.	126 KIND OF BUSINESS OR INDUSTRY Hospital
10 TO	STATE 13 COUN	other institution give residence before NTY 13c CITY OR TOWN Baltimor	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 6118 Moorefield	R•ad 21228
ond Sond	Walter	widdle Victor	Alberta	WIDDLE	Cwalina
	WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SECUR E WAR OR DATES) 220-36-00	Mrs France	Marshall, 6117 W. Raltim	are Ma
ng pnysica rbonpope r removal. ic event, th	PART I. DEATH WAS CAUSE	ly ane cause per line for (a), (b), and D BY:  E CAUSE (a)	liac arrest		APPROXIMATE INTERVAL 8ET WEEN ONSET AND DEATH
eose remave co of cremotion, o	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	the hear failus		years
or to burn or injury, or	TALES TO THE		EATH BUT NOT RELATED TO THE TERM		
Hygiene prior to B 8 shaws any injur	19a DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO NO YES	
he buriol-tran nd Mental Hy d or Item 18 :	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR 19 211. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	IT I OR PART 2)
alth ond I	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	CONCRUM ROOMS IN	a Philips who's on	varalis y des
pt. of Her em 21 is i	saw the deceased alive and above, (I) (we) idid) (did not 22b GIGNATURE	tol) amended the deceosed from	DEGREE M. COL	peoin accorded on the date and hour	and from the couses stated
State De ANT: If It	Damian E  22d. PHYSICIAN'S NAME (1YPE OF	Burchers m	ATTENIDING	MEDICAL STAFF DIRECTOR PHYSICIAN	
should be de with the State	DAMIAN E. BURIAL, CREMATION, REMOVAL	BERCHESS MD	5411 OLD A	Frederick RD, Su	ite 10,21229
	Burial	11-30-82 Но	ly Cross Polish Na	at'l Baltimore Ba	COUNTY STATE
16 50M 1/81 A 15, 4)	uneral director icholas T. Matth	lews, Sell Easter Baltimere.	n Avenue NO	REC'D. BY REGISTRAR 281 FGISTR	AR'S SIGNATURE

STATE OF MARYLAND



XX	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 2	9 1 1 9
m.5		CEASED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
noy be poge 3 r deoth			LDEGARDE	WAGNER		1982 ' A,M
frer of	3. SE	X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
s o s	10	Female	White	August 1, 1909	73 YRS.	
200		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
		Maryland	USA	WIDOWED DIVORCED	Baltimore Ci	ty MD
	10 C	Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 4306 Roland A		120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LI	
on The second	- USU	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE		Health Plannin	Yarda State
A P P P P	100	Maryland   136 COU	NTY 136 CITY OR TOW Baltir		13e STREET ADDRESS New	York State
Si S		ATHER'S NAME	Daitti	nore YES X NO 1	4306 Roland A	ve. 21210
ollete		FIRST	MIDDLE LAST	FIRST	WIDDIE	LAST
be de	140.	George WAS DECEASED EVER IN U.S. AF	L. Wagner RMED FORCES?   166 SOCIAL SECU		ADDRESS	islahn
Pages			VE WAR OR DATES)			
ate be execusively sicion and coppers. Pages val.		INO		Carl E. W	agner, Jr., B	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
requires that the death considered in the please remove carbon as to burial, cremation, or rinjury, or other traumatic	TION	Chron	ue bronched	DEATH BUT NOT RELATED TO THE TERM		
NG PHYSICIAN: The low requirement of the physician.  The this certificate has been sign as the burial-transit permit. Then the and Mental Hygiene prior to be arked at them 18 shows any injury	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
N. T. Thysici ncote ronsi Hygin Hygin Sh	CER .	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
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G PHYS offending the bund Med or I	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, F	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DING P or after After the se as the solth and marked			tal) attended the deceased from_	6 - 8 19 7	5 10 11 - 6	19_82, that (I) (we) las
TEN TOR STHe		saw the deceased alive ar	1 10 -12 19	, and that in (my) (ever) apinian	death accurred an the date and ha	ur and fram the causes stated
hosp hesp hed feet. ept. o		22b. Stop (1) (wa) (did) (did no	at) view the bady after death.	DEGREE		224. DATE SIGNED
AL DAL Detector		Whed /	Osnyan.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/8/82
1 2 S 2 S 2 7	1	22d. PHYS LAN'S NAME (TYPE		22e. ADDRESS		
HOS HOS		Dr. Alfred O	ssman, M. B.	1101 St. P	aul St., Balto.	. MD
O # 5413+	230.	BURIAL CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
3/1/RP		(SPECIFY) Burial		orraine Park	Balto.,	COUNTY MD STATE
	24 F		y W. Jenkins 8		FREGISTRAR 256 PEGIS	
DHMH - 16 50M 4/B2 (VRA 15, 4)			ad Balto. MD		1982 Jo	and Carrely

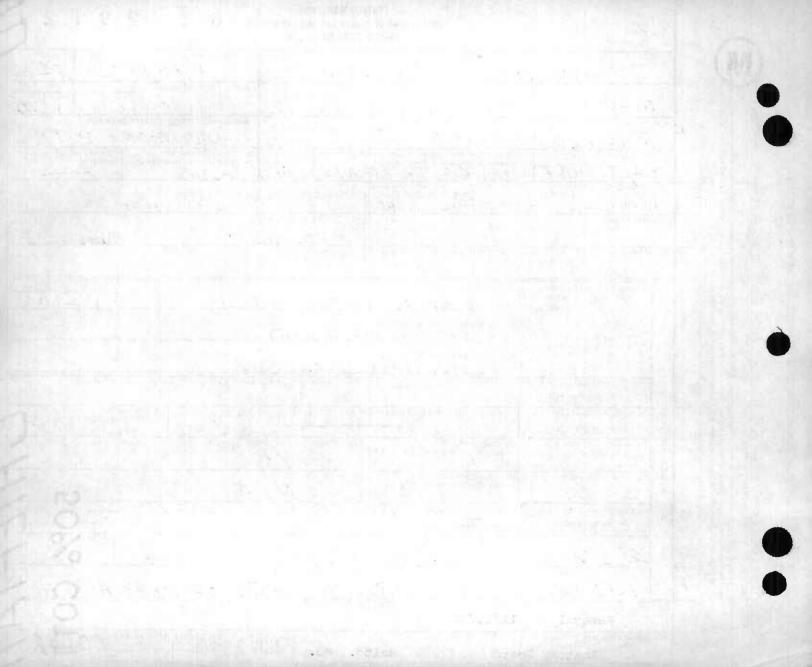
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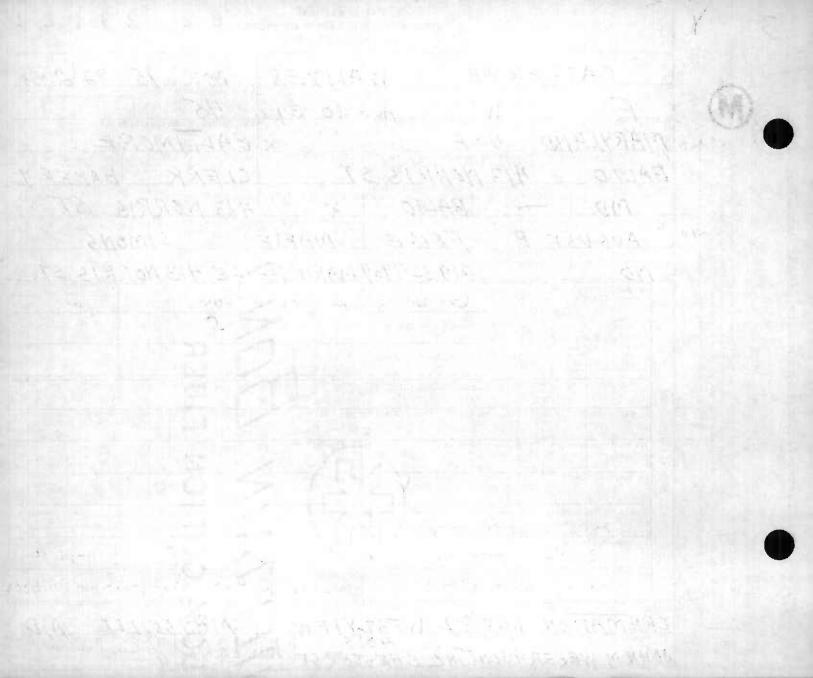
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	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 9 1 2 1 CERTIFICATE OF DEATH  REG. NO.
(IAI)	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 25 HOUR TYPE OR PRINT) BABY BOY WAR 25 HOUR 5. DATE OF BIRTH 6. AGE IN YEARS LAST BIRTHDAY) IF UNDER 21 HAS
red of the state o	MALE BLACK 1/1 8 8Z OVRS. O O 130
merol m. 72	76. CITIZEN OF WHAT COUNTRY? 8.  MARRIED NEVER MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH  WIDOWED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH  WIDOWED DIVORCED DIVORCED
4 43	BALTIMORE 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (IT PE OF WORKING LIFE) 123. KIND OF BUSINESS OR (IT PE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY FOTUS
filled in	USUAL RESIDENCE (IF NURS 130 IN THE INTENTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. STATE 130. INSIDE CITY LIMITS? 130. STREET ADDRESS 1817 LAWYLAND 1817 LAWYLAND 1817 LAWYLAND 1817 LAWYLAND 1818 LT MORT 1818 LONG 1818 LAWYLAND
omplete with MARK	14. FATHER'S NAME FIRST MIDDLE LAST FIRST FIRST MIDDLE LAST  Compatine  ADDRESS  ADDRESS
BALTIMORE; cate be execu- cysicion and cysicion and cysic	IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NONE
ON ST., BALT  th certificate to make the corporation of the corporatio	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) OR AND ORESPIRATIONY ARREST  DUE TO, OR AS A CONSEQUENCE OF
by the death of the death of the death of the ottend is elemone of cremotion, other froumd	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  (b) OR AS ACCONSCIDENCE OF THE PREMITTIES
RDS, 201	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
DIVISION OF VITAL RECOKDS,  NG PHYSICIAN: The low required of the build begin the best of the build begin the best of the off when the best offers the build begin the best offers to be orked or firm 18 them any injury of the build begin the build begin to be orked or firm 18 them any injury of the build begin to be orked or firm 18 them any injury of the build begin to be orthogonal to be or the build begin to be or the build be or the	NONE  190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 190.
ICIAN: T 9 physici 10 from 10 from 11 from 18 fr	OR CONTRIBUTING CAUSE OF DEATH HOURS AND MONTH DAY YEAR
IG PHYS offending set free	216. INJURY OCCURRED  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FASM, ETC.)  AT WORK  AT
NS ON	22a.1 certify that (1) (this hospital) attended the deceased from 1/8/82 5:30PM3, to 1/8/82 7 PM 19, that (1) (we) lost sow the deceased alive an above, (1) (we) (did not) view the body after death.
0 = 0 00 =	226 SIGNATURE  DEGREE  M. D. ATTENDING MEDICAL STAFF  1/8/8 2  226 ADDRESS  226 ADDRESS  226 ADDRESS
TO FUSERI Should be deta with the Store	ELIZABETH A. FRONC, MD UNIVERSITY OF MARYLAND HOST
1078P	236. BURIAL, CREMATION, REMOVAL 236. DATE 11/18/82 236. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24. FUNERAL DIRECTOR  NAME  Anatomy Board  ADDRESS  Balto., Md.  250, DATE REC'D, BY REGISTRAR' 25K REGISTRAR'S SIGNATURE  ANALOMY BOARD



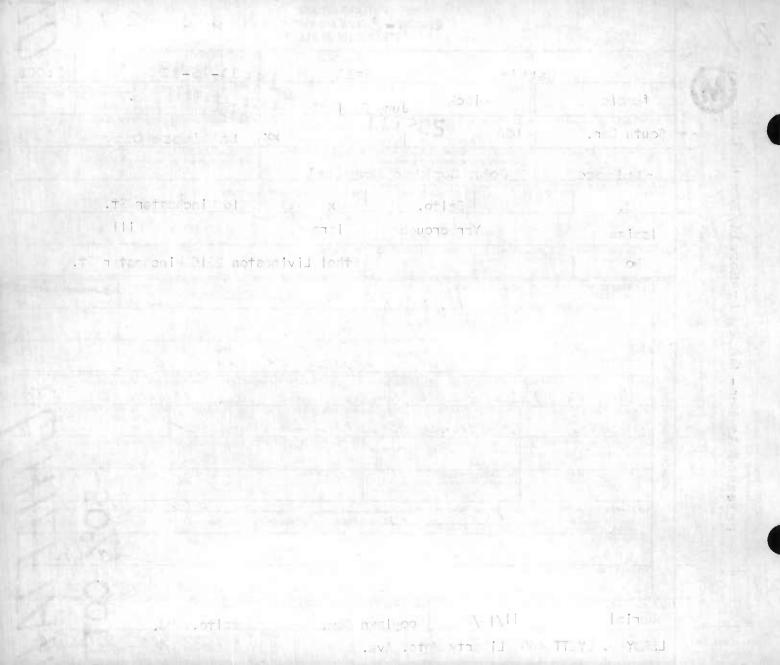
3	1 - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 9 1 2 2  CERTIFICATE OF DEATH  REG. NO.
1	1. DECEASED NAME	RINE  S. DATE OF BIRTH  AND IT DAY  VEAR  AND IT DAY  MONTHS  DAYS  MONTHS  AND  MONTHS  AND  MONTHS  AND  MONTHS  AND  MONTHS  AND  MONTHS  M
Grand Popularion of Popularion	MARYLAND IN CITY ON TOWN OF SEATH	7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NOVECED BY BALTIMORE CITY OR COUNTY OF DEATH  WIDOWED DIVORCED BY BALTIMORE CITY OR COUNTY OF DEATH  WIDOWED DIVORCED BY BALTIMORE CITY OR COUNTY OF DEATH  111. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. USDAL OCCUPATION 1126. KIND OF BUSINESS OR
AND 21201	TSUAL HESIDENICE IF NURSING HOME O	
MORE, MARYL executed within ord completely order ( and 2 at	THE WAS DECEASED EVER IN U.S. AF	MIDDLE FEIGE MARKE MIDDLE SIMON SANT ADDRESS  RMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  INE WAR OF DATES)  15. MOTHER'S MAIDEN NAME  MIDDLE SIMON SANT  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS
STON ST., BALTIA eath certificate be therefore physicion ex. or emoral undatic event, the in	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUENCE OF
Quires that the a quires that the a ligned by the a then please emo to burial. cremati nivey, as other tra	gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO
ALRECOR	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20a AUTOPSY?  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO
VISION OF VIT  G PHYSICIAN  attending physic  re this certificat  the burial trans  and Aerical try  ked or leen 18 s	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE SETTHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  HILE NOT WHILE AT WORK	HOUR A.M. MONTH DAY YEAR
OR ATTENDING of the hospital of the DIRECTOR Africation ochod for use of Director of Health If herr 21 is more	22a. I certify that (I) (this hasp	of) view the body other death.  DEGREE 221. DATE SIGNED
TO HOSPITAL Intrinsicate by the TO FUNERAL Inhould be det with the Stote MPORTANT.	22d. PHYSICIAN'S NAME (TYPE) SUBGTA 230. BURIAL, CREMATION, REMOVAL	SAPSIRI, Pr.D 1210-14 W. Patt Strit, Bultimon, MD21223
190 JBP DHWH-16 50M 1/B1 (VRA 15, 4)	CKEMATION 24 FUNERAL DIRECTOR	11/18/87 WESTVIEW CATONS HOPESS 401 S. ADDRESS 401



20M 4/82

STATE OF MARYLAND

X/	FOR DEPARTMENT OF HEALTH AND MENTAL HY STATE REGISTRAR CERTIFICATE OF DEATH	GIENE 8 2 2 9 1 2 4
.45	. DECEASED NAME FRIST MIDDLE LAST	26. DATE OF DEATH MONTH DAY YEAR 2b. HOUR
8 × 2 ×	Mattie Wall	11-45-82 2:00R
ge 4 mo	female  1. RACE Black  S. DATE OF BIRTH  MONTH UNE 3, 1923	6. AGE INVERS LAST BIRTHDAY) FUNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
leoth. Page	SOUTH Car. IS A WIDOWED DIVORCED	Baltimore City MD.
S. offer o	O CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  John Hopkins Hospital	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
24 hour	USUAL RESIDENCE (IF NUKSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  136. CITY OR TOWN  136. INSIDE CITY LIMITS?  Md.  Ba 1 to.  YES 🔯 NO	13. STREET ADDRESS 28.6 Winchester St.
Ond 2 sh	FATHER'S NAME Isalah  AND PROPOSE Yarborough  Isalah  Isalah	AME MIDDLE HIII LAST
Korr 6	60 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17. INFORMANT (YES. 108 UNKNOWN) (IF YES, GIVE WAR OR DATES)	gston 2816 Winchester St.
in the state of the death certification of the state of t	18 CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if only, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER.  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER.  (d)  190. DATE OF OPERATION  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING  210. ACCIDENT WAS UNDERLYING  210. TIME OF INJURY  210. HOW INJURY OCCUIT	· 1/ 1-1 PTA
PHYSICIAN: The ending physician graph grincals graph graph graph and hamila hygier dor them 18 shep	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  216. INJURY OCCURRED  216. INJURY OCCURRED  217. PLACE OF INJURY  218. LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM IB. PART I OR PART 2)  CITY OR TOWN COUNTY STATE
NR ATTENDING P hospital or orter IREQCE: Jee Cl hed for use as the rept. of Health one them 21 is marked	220. I certify that (I) (this haspital) attended the deceased fram  sow the deceased alive an abave, (I) (we) (did) (did not) view the body after death.  22b. SIGNATURE  DEGREE	, to, 19, that (I) (we) last a death accurred an the date and have and from the causes stated
TO HOSPITAL Of TO Fundral by the should be detected with the Stote Digital by the Stote Digit	GUSAN Bressley  SUSAN B Bressley  AD ATTENDING PHYSICIAN PHYSICIAN 228. ADDRESS  Zohus Ho	Thus Hogital
BP	236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY WOOD AWN Cem.	Balto Md COUNTY STATE
DHMH - 16 50M 4/82		OV 1 71982 STANDER OF THE REC'D. BY REGISTRAN'S IGNORAL STREET



STATE OF MARYLAND

	1 -	· STATE REGISTRAR		CERTI	FICATE OF DEATH		REG. NO.		
I		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF	DEATH MONTH	DAY YEAR	26 HOUR
1		Edwar		e 1	NALLACE		11	13 82	8 A M
1	3. SE	X	4 RACE	5. DATE	OF BIRTH TH DAY YEAR_	6. AGE (IN YE	ARS LAST BIRTHDAY)	MONTHS DATE	IF UNDER 24 HRS. HOURS MIN.
1	10	MAIR	white	9	15 16		6 6 YRS	S	
5	Ja Bi	COUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRII	ED NEVER MARRIED	9. BALTIMOR	E CITY OR COUN	ITY OF DEATH	
	10 C	ITY OR TOWN OF DEATH	U 5 A	WIDOW		12	Baltimo		MD
3	10 0	Baltimore	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	TYPE OF WORK	CCUPATION FOR MOST OF WORKING	GLIFEI INDUSTRY	OF BUSINESS OR
1	USIL	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION CIVE BESIDENCE BEE	ORE ADMISSION		News	AMERICA	gar New	SPADER
5	130 5	TATE 13b. COUN	NTY 13c. CITY OR TO	WN	134 INSIDE CITY LIMITS?	13e. STREET A	DDRESS		21230
7		uryland	Baltim	one	YES XX NO	1413	S. Charle	es St. Ba	Lto.Md.
A	14. ГА		Middle Wallace		15. MOTHER'S MAIDEN NA		WIDDLE	// / LA	ST
4	14a \A	VAS DECEASED EVER IN U.S. AR			Kathe.	rine .	ADDRESS	Unknown	
		YES NO OR UNKNOWN) LIFYES, GIV	E WAR OR DATES)	7-440				,	
ŀ		yes W.W	. 2		Mas. Edward	Vallace,	Same as		
1		PART I. DEATH WAS CAUSE	lly one couse per line for (o), (b), o D BY:					BETWEEN	MATE INTERVAL ONSET AND DEATH
١		IMMEDIAT	TE CAUSE (o) HCUT	C 14	onocytic L	CUKEN	112		
1		2060	DUE TO, OR AS A CONSEQ	UENCE OF					
1		Conditions, if any, which gave rise to immediate	(b)						
		cause (a), stating the	DUE TO, OR AS A CONSEC	UENCE OF					
ı		underlying cause lost	(c)						
1	z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE	OR CONDITION (	GIVEN IN PART 1	0 '
	OLI		MYCOSIS	hed	Koperia	-	un bo ci		A
A	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	200 AUTOF	SY? 206 IF	YES, WERE FIND! TIFYING CAUSES	NGS USED OF DEATH?
ile.	ERTI	21a. ACCIDENT WAS UNDERLYING	3 215 TIME OF INJUING		121. How bliney occur		NO	YES 🗌	NO 🗌
1	-	OR CONTRIBUTING CAUSE OF DEA	TH 21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTERNATU	RE OF INJURY IN ITEM I	8 PART I OR PART 2)	
1	MEDICAL	LIF EITHER NOTIFY MEDICAL EXAMINER		19					
1	MED	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	E, FARM ETC )	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
1		AT WORK AT WORK		- //					
I			tol) attended the deceased from		-28 19 8	2 to	1/13	. 19 7.	that (1) (we) lost
1		sow the deceased alive an above, (1) (we) (did) (did no	t) view the body after deoth.	, 0	nd that in (my) (our) apinion	deoth occurred	on the date and h	our and from the	couses stated
1		22b. SIGNATURE			DEGREE ATTENDING	MEDICAL	CTAFF	22c. DATE	SIGNED
4		( "W	211		PHYSICIAN [	MEDICAL DIRECTOR	STAFF PHYSICIAN	11/16	3/82
		22 d. PHYSICIAN'S NAME (TYPE OF	R PR ( )	4 6 6 6	22e ADDRESS	_			7
		4 1 4 4 4	<del></del>						
		WRIGH	7		SB6H	F (17/1)		de in 19	
+		URIAL, CREMATION, REMOVAL			SB6H	23d LOCAT	ION	COUMEY	41,15
	8	urial, cremation, removal incombinent	7 Nov. 16, 1982 L		SB6H  EMETERY OR CREMATORY  Pank (emt.	23d LOCAT	ion irawn timore	Mary	Land TATE
	24 FU	URIAL, CREMATION, REMOVAL	Vov. 16, 1982 L	.oudon	Park (emt. 21230   259 PA	23d LOCAT Bald	ion grown tumo ne GSTRAR 25 GEG	county many	Land TATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

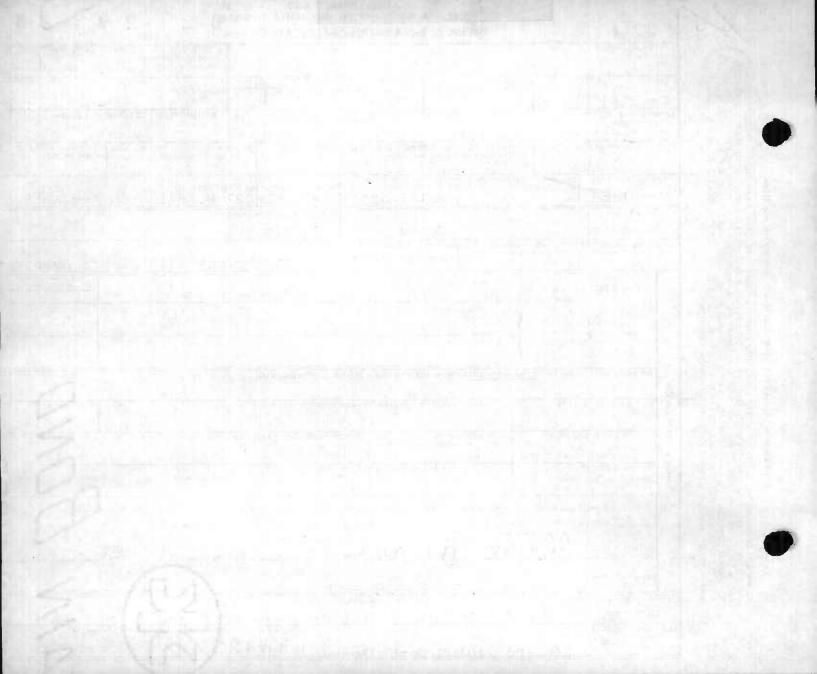
STATE OF MARYLAND

CERTIFICATE OF DEATH

21229

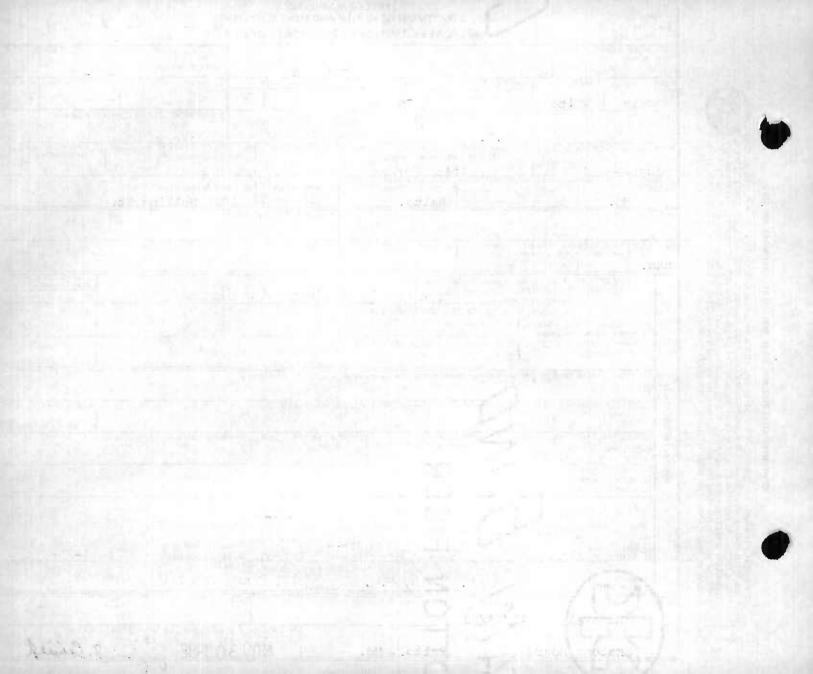
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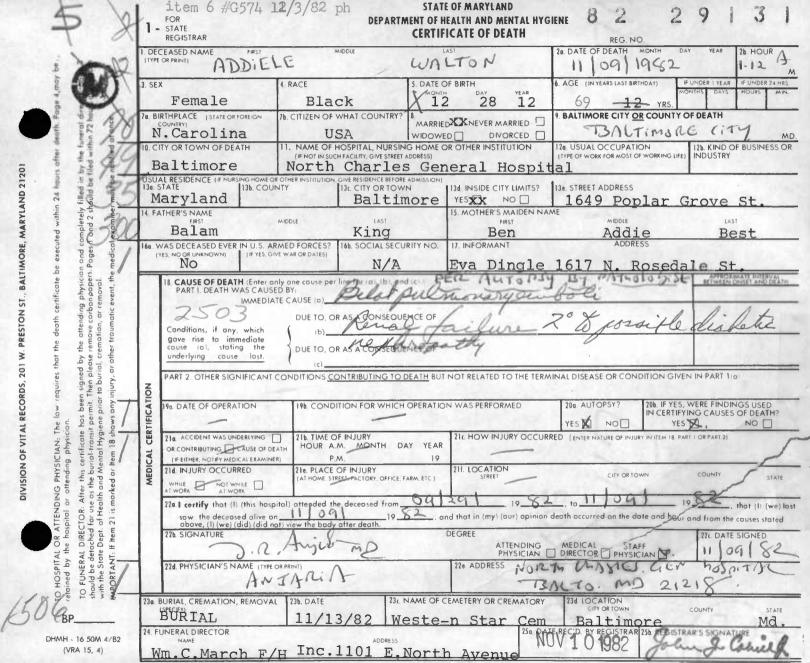
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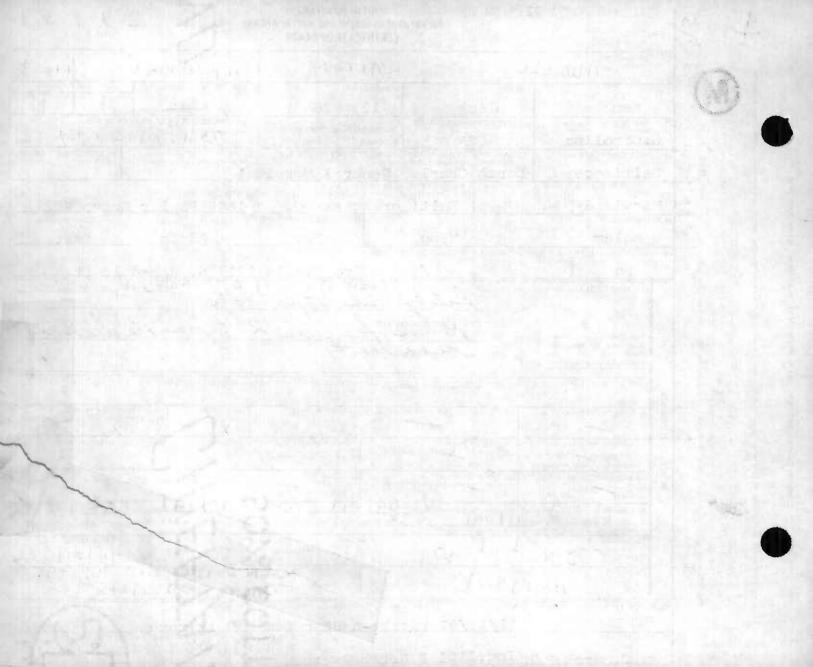


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2 11	50	r .	Baltimore /	(IF NOT IN SU	n Hopk	EET ADDRESS)			(TYPE OF WORK FOR MOST	OF WORKING LIF	FE) INDUSTRY	y Hospit
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omple ond	8		Arthur		Fowlke			able			Ma	rshall
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e be e cion a ers.Po			No		228-72	-9789	Roland	Walte	rs Same	as # '		
icat inysi pap ava	event, th		18 CAUSE OF DEATH IEnter of PART I. DEATH WAS CAUSI	nly one couse per ED BY: .TE CAUSE (o)	S Ro						BETWEEN	MATE INTERVAL ONSET AND DEATH
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dec dec	rour		Conditions, if any, which	(b)	14505P	ASM	of c	CE CIVE	4L Vess	E C 7	2	2/175
hat the by the ase ren	ather troumatic		cause (a), stating the underlying cause last.		RAS A CONSEC		NCACK	unial	ANEK	YSM	9	DAYS
quires t signed hen ple na buria	lury, or	N	PART 2. OTHER SIGNIFICANT				NOT RELATED	TO THE TERM	MINAL DISEASE OR CO	VDITION GIV	VEN IN PART 1	a '
	w T	CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFO	RMED	20a. AUTOPSY2		S, WERE FINDIN	
has he	ows /	IIFIC	11/4/82	INTR.	ACRANIA	LA	NEVRY	13 M	YES TO NO		FYING CAUSES	OF DEATH?
hysici icote ronsi	18 sh	IL CER	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DE	216. TIME O	OF INJURY .M. MONTH	DAY YEAR			RED (ENTER NATURE OF IN.	URY IN ITEM 18	PART 1 OR PART 2)	
YSIC ding s cer s cer	or	MEDIC	(# EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		.M. OF INJURY	19	211. LOCATIO	DN .				
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Z - 2 5 1	21 is		saw the deceased plive a abave (1) we) (did) (did n				nd that in (my)	(our) opinion	death accurred an the	date and has		
	Hem		22b. SIGNATURE	at) view the bady	after death.		DEGREE				22c. DATE	ŞIĞNED
the high process of the process of t	<u>=</u>		Vinal	1/ 65	tren			ATTENDING PHYSICIAN		AFF ICIAN X	11/	15/82
by Star	Z		226 PHYSICIAN'S NAME (TYPE	GPRINT)	0		22e ADDRES		_ DIRECTOR TITLE	CIAIT	1 11 (	7100
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7 - 3 2	2	23a. E	URIAL, CREMATION, REMOVA				EMETERY OR		23d. LOCATION CITY OR TOWN Keysvil	2 01	COUNTY	STATE
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(VRA 15, 4)		1 55	55 Twin Knolls	Road. I	Columbia	. Md.	21045	110	0	Q/		

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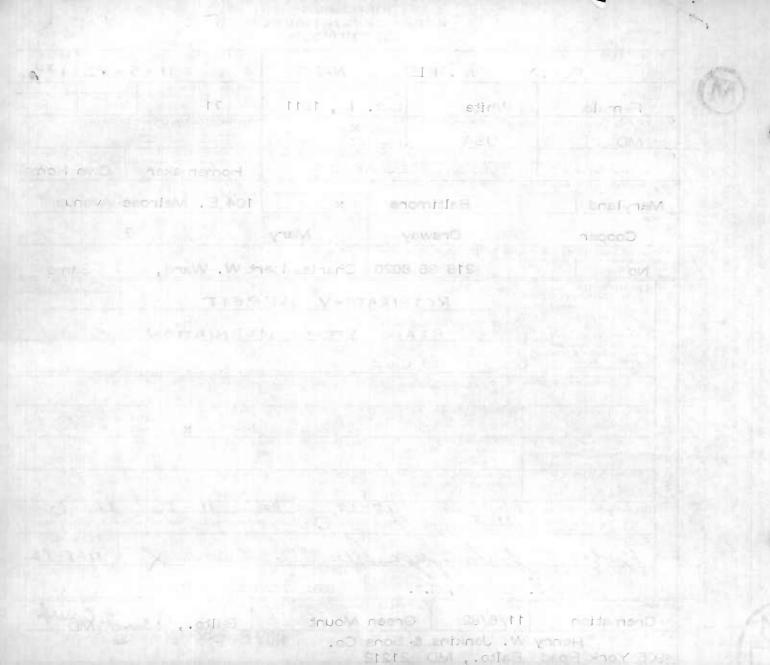




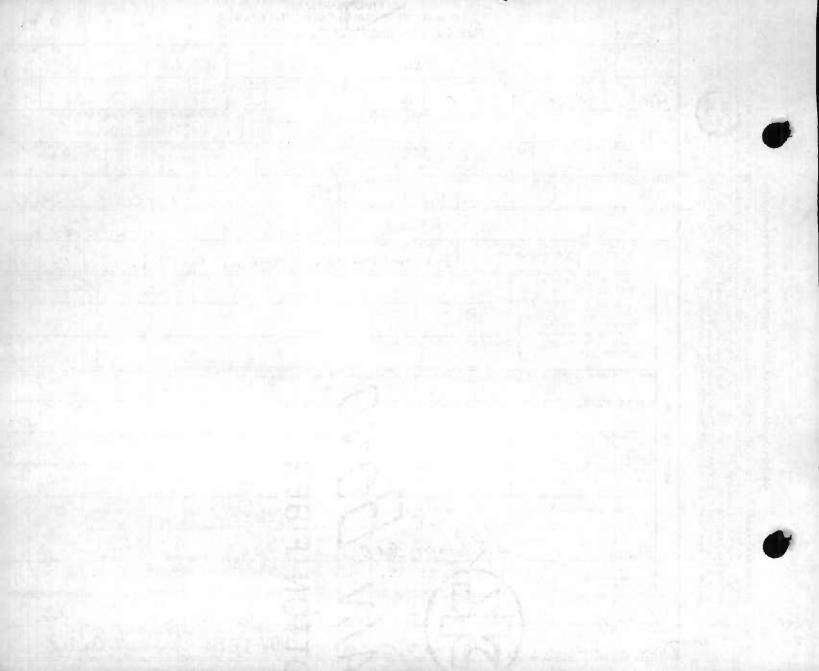
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	1	- STATE REGISTRAR		DEPARTM		ICATE OF DEATH	REG. NO.	6. 7	1 0 6
		CEASED NAME FIRST E OR PRINT)		WIDDLE		AST	20. DATE OF DEATH	ONTH DAY YE	AR 2b HOUR
ge 3		DOLORIS		N.	WAN	TLAND	, 1	104/8	2/10:07
no de la	3. SE	X	4 RACE		5. DATE O		6. AGE IN YEARS LAST BIRTH		
and		Female	White		Feb	11, °1918 ***	64 yrs	YRS.	DAYS HOURS MIN
M 3	Jan B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY OR BALTIMORE		Н
44	1	BALTIMORE	(IF NOT IN SUC	THE FACILITY, GIVE STREET A	G HOME (	OR OTHER INSTITUTION	120. USUAL OCCUPATION HTYPE OF WORK FOR MOST OF V HOUSEWI	VORKING LIFE) INDUS	ND OF BUSINESS O
Se house and se ho	13a.	AL RESIDENCE (IF NURSING HOME O STATE Maryland —		Baltimor		13d. INSIDE CITY LIMITS? YES NO [	13e. STREET ADDRESS 3520 Green	mount Ave	21218
ond 2 sl	14. F	ATHER'S NAME William	WIDDLE	lontour	WX	15. MOTHER'S MAIDEN NA FIRST Cla	1110015	Fost	ter
ecut icol		WAS DECEASED EVER IN U.S. AI		166. SOCIAL SECUI		17. INFORMANT	ADDRESS		
n ond c		YES, NO OB UNKNOWN) (IF YES, GI	VE WAR OR DATES)	219-28-4	.876	Diane Wilson-	- 1106 Montpe	lier St.	(21218)
ow requires that the been signed by the please reprior to burial, creany injury, or other	CERTIFICATION	PART 2. OTHER SIGNIFICANT  CALCULATION  190. DATE OF OPERATION	(c)	THENDS	EATH BUT	NOT RELATED TO THE TERM	200. AUTOPSY?	TION GIVEN IN PAI	NDINGS USED
HYSICIAN: The le reding physician. is certificate hos buriol-tronsit per buriol-tronsit per Mental Hygiene or frem 18 shaws		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME O	M. MONTH DA	345 L	21c. HOW INJURY OCCUR	TYES NO	N CERTIFÝING CAU YES N ITEM 18, PART 1 OR PAR	NO 🗌
OING PHYSI or attending After this ce e as the buri alth and Mer	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PEACE			21f. LOCATION STREET	CITY OR TOWN	COUNT	Y STATE
ATTENDI spitol or CTOR: A Ifor use of Heal		22a I certify that (1) (this hasp	2.4	104 19 9		nd that i (my) (our) opinion	death occurred on the date	and hour and fram	the causes stated
ITAL OR by the ho RAL DIRE detochec tote Dept		22b. Splia	de M	٨.			MEDICAL STAFF DIRECTOR PHYSICIA		04-8Z
etoined by TO FUNERA should be de with the Stot		T. CR	ADO			220 ADDRESS,	Memoria	A Has	12.
BP		BURIAL, CREMATION, REMOVAI (SPECIFY) Burial	23b. DATE 11-8-	0.0		emetery or crematory crys Cemetery	Baltimor	- 11	Md state
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	A Man Seitz	3818 Ro	land MM	Ral+	250. DAT	E REC'D. BY REGISTRAR 25	. REGISTRAR'S	2. Capill

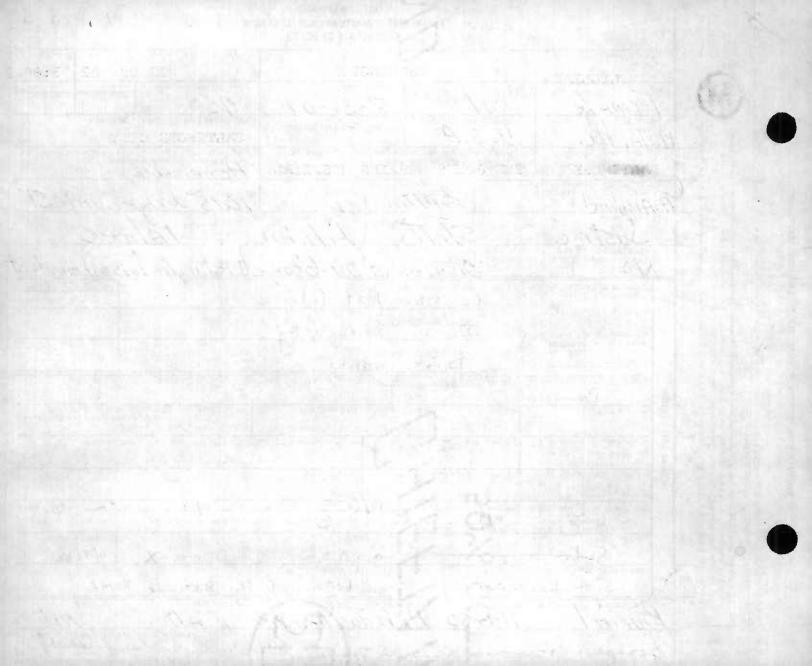
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16	FOR STATE REGISTRAR	DEPARTN	STATE OF MARYLAND  NENT OF HEALTH AND MENTAL HYC  CERTIFICATE OF DEATH	GIENE 8 2 2 REG. NO.	9 1 3 3
	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
2 200	PO'LL'	Y WARFIE	LD WARD	11-5	-82 150
ê Par	3. SEX	I. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER 1 YEAR IF UNDER 24 HRS
	Female	White	Oct. 12, 1911	71 YRS. MO	NIMS DAYS HOURS MIN.
\$ 5 G	TO BIRTHPLACE (STATE OR FOREIGN	& CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY O	FDEATH
22 th	COUNTRY)	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY	MD
3 11 3//			G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
To the solution of	BALTIMORE	UNION MEMOR	IAL HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker	Own Home
212	USUAL RESIDENCE (IF NURSING HOME OF C 130. STATE 13b COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	In expert appoint	
N 22 1	Maryland	Baltimo	re   13d. INSIDE CITY LIMITS?	104 E. Melrose	Avenue
TILD OF THE STATE	14 FATHER'S NAME		15 MOTHER'S MAIDEN NA		
d w	Cooper	Dreway	Mary	WIDDIE .	LAST
SE, 7	He WAS DECEASED EVER IN U.S. ARM		RITY NO. 17. INFORMANT	ADDRESS	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND ING PHYSICIAN. The low requires that the death certificate be executed within 24 rate this certificate has been signed by the ottending physician and completely filled of the buriol-transit permit. Then please remove corbonoppers. Fage and thought the ond Mental Hygiene prior to buriol, cremation, or removal.  orked or them 18 shaws any injury, or other traumatic event, the medical amendmental.	(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 218 36	8020 Albe	ert W. Ward.	Same
ALTI te bi cicion ol.		y one couse per line for (o), (b), one			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Phys phys pop movo ent,	PART I. DEATH WAS CAUSED	BY:		REST	BETWEEN ONSET AND DEATH
N ST cert rborr r rer ic ev	H31 0				
ESTOI deoth ottend ove co tion, o	1360	DUE TO, OR AS A CONSEQUE		HERNIATION	
e de ott	Conditions, if ony, which gove rise to immediate	(b) BRA	IN STEM 1	TEICH THON	
W. W. th	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
s the soleon		(6)			
sign ben jobu		ONDITIONS CONTRIBUTING TO D	BEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN	IN PART 110
0 s s s s s s s s s s s s s s s s s s s	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, V	VERE FINDINGS USED
REC os boserm ne pr	SE IN DATE OF SERVICE	The condition for which	OF ENATION WAS PENTONMED	IN CERTIFYIN	NG CAUSES OF DEATH?
TA icion in the hand in the ha	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	1214 HOW IN HIRV OCCUR	YES NO YES [	
PHYSICIAN: The PHYSICIAN: The centificate this centificate to buriol-thonistic do not them 18 should be sh			Y YEAR	(ENIER NATURE OF INJURY IN HEW IS PART	1 OR PART 2)
SIC1X ing p certif uriol-I	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
PHY this he bu	OK CONTRIBUTING CAUSE OF DEAT  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)  211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
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NO OI		ol) ottended the deceased from		L to 11 - 5 19.	, that (1)(we) lost
CTC CTC I for a 21	sow the deceased alive on above (1) (we) (did) (did not	view the body ofter death.		death occurred on the date and hour o	
OR or ho or ho or ho or he or	22b. SIGNATURE	. 1.1	DEGREE		22c. DATE SIGNED
그부 구 하 한 그	Bound	1. Variety	ALM.D. ATTENDING PHYSICIAN [	MEDICAL STAFF  DIRECTOR PHYSICIAN	11-5-82
SPII d by	27 HYSICIAN'S NAME LITTE OF	Man /	22e ADDRESS		
TO HOSPITA TO FUNERA should be d with the Sto	ROBERT J	. VARIPAPA, M.D.	UNION MEN	MORIAL HOSPITAL	
70 PE PESS	230 BURIAL, CREMATION, REMOVAL	23b DATE 23c N	IAME OF CEMETERY OR CREMATORY	23d. LOCATION	0 . 1
///-BP	Cremation	11/6/82	Green Mount	Balto.	a Capully
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DHMH - 16 50M 4/82		W. Jenkins &	Sons Co	RESD. BIN GAIRAR A REGISTRA	R'S SIGNATURE

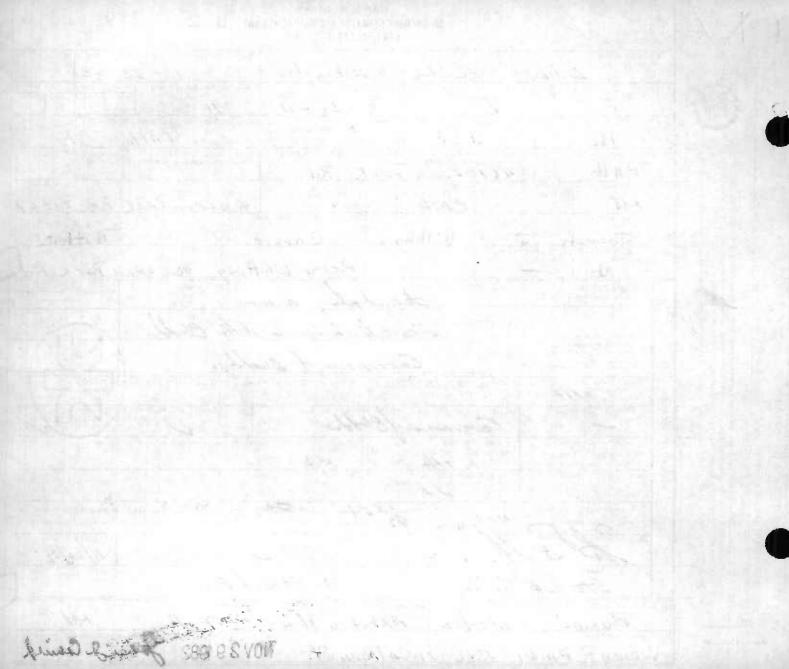


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	FOR STATE		EPARTMENT OF			1	d do		2 9	1	3	4
	REGISTRAR	MED	ICAL EXAMIN	ER'S C	ERTIFICATE	OF DEA	TH	REG. N	Ю.			
	CEASED NAME FIRST		WIDDLE		LAST		2a. DATE K	NOWN X	HTMOM			26. HOUR
2 H	- ON TRAINING	Robert	4.		Ward		DEATH /			15,9	82	M
3. SEX	4. RACE	5 DATE OF BIRTH	6. AGE (IN YE		DER 1 YR. IF UNDE		2c. DATE		MONTH	DAY		2d. HOUR
IN	nale Plank	NONTH DAY	YEAR LAST BIRTHD		S DAYS HOURS	MIN	PRONOUNG DEAD	ED	11	15,0	82	4:39P
70 BI	IRTHPLACE (STATE OR	76. CITIZEN OF WHA	AT COUNTRY?	1			9. BALTIMO	RE CITY		17		100 401
	DREIGN COUNTRY)		-		D NEVER MAR	RIED 🔲		timor	_	ty		
14	ALA,	1	514	WIDOW						•	OF BUILD	MD.
N.C.		(IF NOT IN SUCH FACE	ITAL, NURSING HOME LITY, GIVE STREET ADDRESS) MOUNTMORE	OR OTHE	RINSTITUTION	FOR W	AOST OF WORK	NG LIFE)	PE OF WORK	OR IN	DUSTRY	NE22
1	Baltimore				`t	R	etir	d				
13a S1	AL RESIDENCE (IF IN NURSING HOME OF		RESIDENCE BEFORE ADMISSI	ON)	13d. INSIDE CITY LIMITS?	In STRE	EET ADDRES	S				
	Md		BALTO		YES NO	11 0		PUC	ec	+	21	2/7
14. FA	ATHER'S NAME				15. MOTHER'S MAIL	DEN NAME						
	) OS eph	MIDDLE	Wind	110	NANC	/	MIC	DIE	Don	MO	1>15	
/ 16a. W	WAS DECEASED EVER IN U.S. ARM	NED FORCES?	166. SOCIAL SECURIT	Y NO.	IT. INFORMANT	7		ADDRES		170	1000	
(YE	ES, NO, OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES)	214-16-5		Retty A	SPAIL.	1 41-	52	PIML	.61	01-	1718
=	Tra savas as as as as			- 00	DE117 1	INIC	76	2 4	1711/1		XIMATE	AT CIS
	18 CAUSE OF DEATH (Enter anily PART I DEATH WAS CAUSED	DV.										AND DEATH
¥.		E CAUSE (a)H	pertensive		ijovascula	er dis	ease					
Q	9027	DUE TO, OR A	S A CONSEQUENCE	OF								
ON, OR REMOVAL	Canditians, if any, which gave rise to immediate	(b)										
5	cause (a) stating the <u>under</u> -	DUE TO, OR A	S A CONSEQUENCE	OF								
CATION	lying cause last.	(c)										
	PART 2 OTHER SIGNIFICANT CONDITIONS C		JT NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION GIVEN IN 8	ART 1 a						
Z												
CERTIFICATION	19a DATE OF OPERATION	19b. CONDITI	ON FOR WHICH OPER	ATION W	AS PERFORMED?					20 AUT	OPSY?	
임												NOXX
- E	21a EXTERNAL CAUSE WAS	216 TIME OF	INJURY	21c HC	W INJURY OCCUR	ED (ENTERN	NATURE OF INTU	RY IN ITEM 18	B PART 1 OP PA			MONY
	UNDERLYING OR	HOUR A.M.	MONTH DAY YEAR	2		ED (SHICK)						
/ 5	CONTRIBUTING CAUSE OF D		19	211 103	ATION					<u> </u>		
MEDICAL	WHILE NOT WHILE		FINJURY (AT HOME, DRY, FARM, ETC.)		TATION TREET		CITY OR TOW	N	co	UNTY		STATE
1	AT WORK AT WORK	J										
73a.Bl	22a I certify that I took charge	e at the remains descri	ribed above held as	Autaps	y . Inspecti	an Wy	Inquiry		ind in my as	ninian.		
					Homscide	^//				2.111011		
	death resulted fram: Nature	al causes LXX	Tordent L.J. Su	icide		Undete	ermined mar	iner,	,			
	ACTUAL	141	OM AL	()	TITLE (SPECIFY)	4			DATE	1	1/1	C 102
7	SIGNATURE		Julia	M.	D. Assista				SIGN			6/82
4	EXAMINER'S NAME HO	ormez R. G	uard, M.D.			111 P	enn St	creet	,Balt	0.,MD	21	201
	(TYPE OR PRINT)				ADDRESS							
	SPECIFY)		23c. NAME OF CE	METERY OF	RCREMATORY	23d. LO	CATION		cou	NTY	STA	TE
	BURIA	11-19.82	- MT. 190	uburk	( CEM	BR	/tom	ore	,		Med	
24 FI	UNERAL DIRECTOR				25a. DATE	REC'D. BY	REGISTRAR	REG	SISTRAR'S S	GNATUR	E	
	NAME	ADDRESS			ALA	1 1 0	4000	9/ -	-	0 .	-	
11 Bre	Boas N-Thomason	ALFIHI 19	13 W. BAL	lo 38	- AIO	V 18	1982	for a	2	Canie	A	





+	X)	8	1-	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	29136
				CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	ad y be	-44		Lillian			11-	23-82 M
	/Bu	1	1. SE		↑ RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
-		1	7 B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	3 - 28 - 1/	9. BALTIMORE CITY OR COUN	
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212	d in d	2	USU. 13a S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN		ORE ADMISSION) DWN 13d, INSIDE CITY LIMITS?	13e. STREET ADDRESS	
AND	fille house	<b>E</b>		Md	BALLE	YES X NO	4610LAWNTA	Rt Rd 21229
ARYL	within within d 2 s	201	14. FA	THER'S NAME	MIDDLE	15. MOTHER'S MAIDEN NA	AME	LAST
, X	composition of		16a V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRESS	Butter
MOR	ond ond	nedic			VE WAR OR DATES)	Reese Wh	. 11	2. 4. 21
ALTIV	ers. P	The T		18 CALISE OF DEATH (Enter on	nly one couse per line for (o), (b),		TT/19 46/0 L	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
8	phys npop movo	vent,		PART I. DEATH WAS CAUSE	D BY:	khud-at me	non'	BETWEEN ONSET AND DEATH
N N	ding arbai	3110	117	1229	DUE TO, OR AS A CONSEC	,	-1 -1 11	
PRESTON	death offen ove co	on on		Conditions, if ony, which	(b)	Testate Carcinon	of the Sterday	
PR.	the cremo	ie. II.		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	DUSNCE OF	- 11	
*	that d by lease ial, cr	10 10		underlying couse lost	(c)	arcinement &	on hy.	
RDS, 20	equires n signe Then pl	unloux, o	NO	PART 2. OTHER SIGNIFICANT C	conditions <u>contributing t</u>	O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	SIVEN IN PART 1(0)
RECORDS	ow r bee rmit prior	0	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
4	HYSICIAN: The lo iding physician.  This certificate has burial-transit perior mental hygiene property in the local physician phy		RTIFI		atton	-of 5 Word	YES NO	YES NO D
TIV T	physical rificat I-tran	2	- 00	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR 21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
ō z	SICI cert cert cert		MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	R) P.M. N/A	19 A A		
DIVISION OF	- P - P	0	MEC	WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	E, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
20	ATTENDING spitol or off CTOR. After d for use os the control of th	E OF			ital) attended the deceased from	1941 100	10 NOV 5	. 19 02 that (1) (we) lost
	TEN TOR TOR	\$1.7		sow the deceased alive on	11-5	62 , and that in (my) (our) opinion		, , , , ,
	or All e hosp DIREC ched d	E		22b. SIGNATURE	of view the body ofter death.	DEGREE		220. DATE/SIGNED
	- t - t	E		fact S	All, m	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	11/20/87
	FUNER by FUNER build be of h the Sto	Z Z		224 PHYSICIAN'S NAME (TYPE O	_ / .	22e. ADDRESS	101	
	TO HOSPITA retoined by TO FUNERA should be de	2/		Stanky 6		335 37 80	rel thee!	
191		_ '		URIAL, CREMATION, REMOVAL	236. DATE 23	C. NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY / STATE
100	BP	- 1	24 51	INERAL DIRECTOR	11/29/82	HRbutus Hemit	TE DECID BY DECISION PLANTS	Ma
DH	HMH-16 30M 2/80 (VRA 15, 4)		1	LENON R POIN	by 1348 N		TE RECIDEBY REGISTRANIZAL DE LOS DELOS	ISTRAK S SIGNATURE



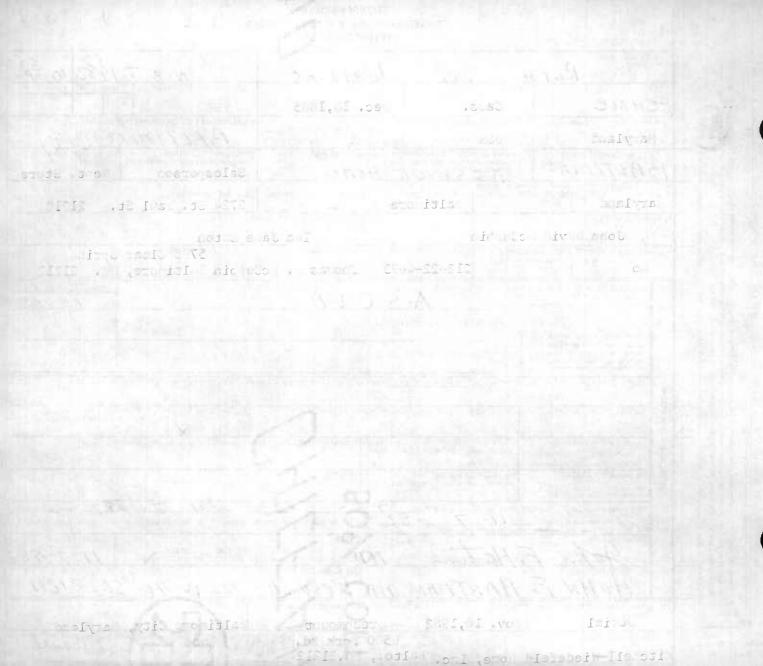
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	1	FOR STATE REGISTRAR	DEI	PARTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	REG. N	2 9	)   3 8
	1. DE	CEASED NAME FIRST	WIDDLE		AST		MONTH DAY	YEAR 2b. HOUR
e 3 of th	1111	ROSETTA	NMI	WA	SHINGTON	- 11	15	82 140 PM
<b>30</b>	3. SE	X EMALE	BLACK	S. DATE O		6 AGE (IN YEARS LAST BIR	THDAY) IF UND	DER I YEAR IF UNDER 24 HRS. S DAYS HOURS MIN.
deoth.		Va.	U S.	MARRIE WIDOW	D NEVER MARRIED DIVORCED		MURE	EATH MD.
by the filled with	1	PALTIMORE	1. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE MNIUERS TT	STREET ADDRESS)	^	TYPE HOME	arer 12	KIND OF BUSINESS OR
AND 21 hours in 24	13a.	AL RESIDENCE (IF NURSING HOME OR O STATE 13b. COUNT	Y 13c. CITY OF		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	LOLLTON	JAVE
ompletely and 2 shares		ATHER'S NAME  FIRST  UNICHOWN			15. MOTHER'S MAIDEN NA	WA MORO	sa West	LAST
be execution and c	16a. \	NAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN)  I IF YES, GIVE  U. N.	WAR OR DATES)	L SECURITY NO.	NA Ch	arlie Washi	ngton, 81	18 Carrollton
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120: BOILDS OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120: Cartending physicion.  Of PHYSICIAN: The fow requires that the death certificate be executed within 24 haurs of the this certificate has been signed by the oftending physician and completely filled in by as the buriot-tonsif permit. Then please remove corbon papers. Pages 1 and 2 should be filled the and Mental Hygiene prior to buriot, cremation, or removal.  Orked or frem 18 shows ony injury, or other troumatic event, the medical appuner flustree to orked or frem 18 shows ony injury, or other troumatic event, the medical appuner flustree to the contraction of the c	IION	PART 2. OTHER SIGNIFICANT, CC	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  ONDITIONS CONTRIBUTION	SEQUENCE OF SEQUENCE OF ARDIA	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	
TAL RECOR	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATIO		200 AUTOPSY?	IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?
DING PHYSICIAN: The hor of other this certifician.  After this certifician best as the buriol-transit peofit and Mental Hygiene morked or hem 18 shows	MEDICAL CE	218. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTI P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	19	21c. HOW INJURY OCCUR	CITY OR TO		OUNTY STATE
ITAL OR ATTEND by the hospiral or RAL DIRECTOR, a detached for use frote Dept. of Heal		276. I certify that (I) (this hospital saw the deceased alive and abave, (I) (we) (did) (did nat) 27b. SIGNATURE	view the bady after death.	_19, ar	2250W 19 She did that in (my) (aur) opinian DEGREE ATTENDING PHYSICIAN [	death accurred on the de	FF _ 2	from the causes stated 22c. DATE SIGNED
TO HOSPITAL retained by to FUNERAL should be del with the State IMPORTANT:	22	MILFORD	FOXWELL		UNWOF	1- 19	SPITA	L
1/0/1/ 00	230.	BURIAL, CREMATION, REMOVAL Burial	11/18/82		emetery or crematory uburn Cem et	23d. LOCATION CITY PROTEIN	nore Ma	NTY STATE
001 br		UNERAL DIRECTOR	11/10/02	IVI I		E REC'D. BY REGISTRAP		
DHMH - 16 50M 4/82 (VRA 15, 4)		aw Fun <b>er</b> al Hom	ne e 4611 Pâi	řk Heigh	ita Ave. mN(		John	2 Court

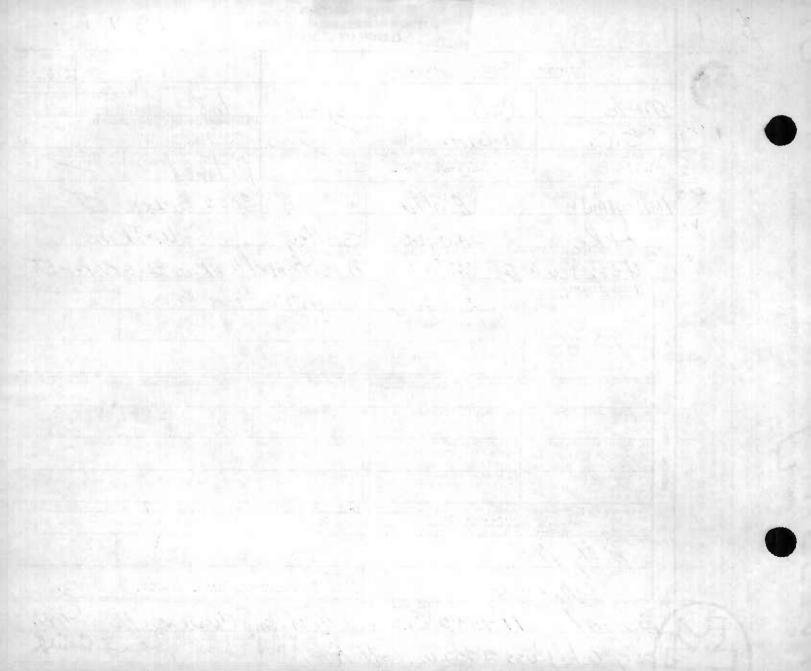
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) 8 KUTH DV. 3. SEX 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHOAY) IF UNDER LYEAR IETINOSE 24 MBS Dec. 18,1885 CHALE Caus. I STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA WIDOWEDX DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Salesperson Dept. Store GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13h. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Mary land Baltimore YESXX 2724 St. Paul St. 21218 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME John David McCubbin LAST Ida Jane Eaton 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 5795 Clear Spring (AEZ HO OB MUKHOMN) (IF YES, GIVE WAR OR OATES) 212-22-4693 Thomas K. McCubbin Baltimore, Md. 21212 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20g AUTOPSY? 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO IT 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 211. LOCATION 0 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 22a.1 certify that We(this hospital) attended the deceased from sow the deceased alive on\_above, (1) (wa) (did) (did not and that in (mu) (aur) opinion deoth accurred an the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS ld b MPORT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Nov. 10,1982 Greenmount Baltimore City, Maryland 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S 6500 York Rd DHMH - 16 50M 4/B2 (VRA 15, 4) Mitchell-Wiedefeld Home. Inc. Balto., Md.21212



\$ 1	1-	FOR STATE REGISTRAR		DEPARTMENT OF H	EALTH AND MENTAL HYGI ICATE OF DEATH	ENE S 2. REG. NO	2	9 1	
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tin 7	10.0	5 C I	U.SI	PITAL, NURSING HOME C	- Committee of the comm	BALTIMORI	CITY	121 KIND OF S	MD.
by the	B	ALTIMORE	'AMCO' BALT	IMORE RESMORESS)	21218	Relived	ORKING LIFE)	12b. KIND OF E	IUSINESS OR
AND 21:		AL RESIDENCE HE NURSING HOME OR OF COUNT TATE 13b. COUNT		RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	133 TREET ADDRESS	aken	ST	
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N OF VITAL SICIAN: The ng physicia certificate to riral-transit ental Hygie frem 18 sha		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF IN HOUR A.M. P.M.	JURY MONTH DAY YEAR 19	21c, HOW INJURY OCCURR				
D HHY NOTICE OF THE NOTICE OF	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF 1		21f. LOCATION STREET	CITY OR TOV	٧N	COUNTY	STATE
DIVIS TENDING P ital ar atter to use as the f Health and		220.1 certify that N) (this haspite saw the deceased alive an above, N (we) (did) (N. A. Not)	ol) attended the de November	eceased fram Sente	mheл. 28, 19 <u>87</u> nd that in (т <b>X</b> y) (aur) apinion d	, taNovembe eath accurred on the do			at XII (we) last
OR AT.  OR AT.  DIRECT  ORCH  From the pass  Orched from 2 Dept. a		22b. SIGNATURE	New the bady after		DEGREE ATTENDING	MEDICAL STAF		22c. DATE SIG	GNED
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Po HOS		Ohle	Yek		3900 Loch Ray		uto. N	na 27:	218
160 BP	23a. 8	BURIAL, CREMATION, REMOVAL	23b. DATE	82 Crown	EMETERY OF CREMATORY	23d. LOCATION	suil	glan (	not.
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR		ADDRESS .	250. DATE	1 7 1982	TEGISTRA	IR'S SIGNATUR	ich



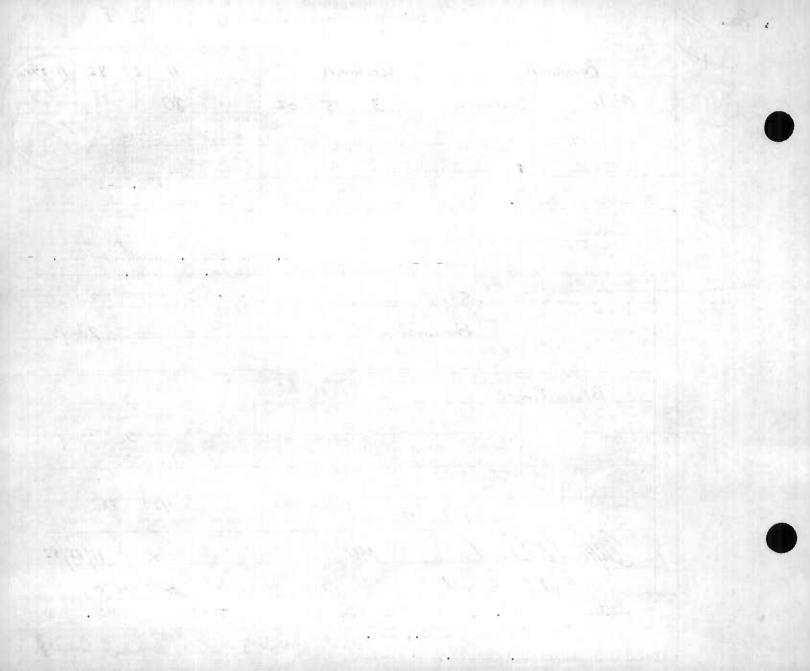
X3	1 - STATE					MENT OF	HEALTH		ENTAL H	U	2		2 9	1 4	
(BA)	1. DECEASED (TYPE OR PRIN	NAME T)	FIRST	Carlos	WIDDLE		L	AST	LATE OF		DATE K	NOWN ESTI-	HTMOM K	DAY YEAR	26 HOUR
N STREET	3. SEX Male	4. RACE Whit		DATE OF BIRTH MONTH DAY Feb. 9,19	925	Mau  6. AGE (IN YE. LAST BIRTHD)  57	ARS   IF LINE		IF UNDER 2			MATED [	монтн 11	1 1832 DAY YEA	2d. HOUF 32 5:44
S PRESTO	BIRTHPLA FOREIGN CO	CE (STATE OR	76	JSA			0		/ER MARRIE		BALTIMO	recity	OR COUNT	TY OF DEATH	MA
DELAY IS N TO THE FL N PAGE 5 NE PILED, DS, 201 W	LO CITY OR	own of DEAT		NAME OF HOSE	ILITY, GIVE S		, OR OTHE	R INSTITUT		12a USUA FORMO		ATION (TYP		FINAL FINAL	di'al
21201 AND 3 RETAIN RECOR		ENCE (IF IN NURS	ING HOME OR O'	THER INSTITUTION, GIVE	13c. CITY	OR TOWN	ON)	36. INSIDE CI	TY LIMITS?	13e. STREE	TADDRES	S	ene Dr		
A SE A SE A	14. FATHER'S	arlos G	Wauh	OP		LAST		15. MOTHE	R'S MAIDEN	a Sco	ott	DLE		LAST	
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TE, WRITING THE WAR RWARDED TO THE CH RY PAGE 3 SHOULD BE LE STATE DEPARTMENT OF D, 21201 PRIOR TO BUR	210. EX UNDE CONT	TERNAL CAUSE		21b. TIME OF HOUR A.M.		DAY YEAR	21c. HO	W INJURY	OCCURRED	) (ENTER NA	TURE OF INJUR	RY IN ITEM 18	PART I OR PAR	YES T	NO [X)
AGE 3 SH AGE 3 SH ATE DEPA	21d IN WHILE AT WO		HILE	21e PLACE O STREET, FACTO	F INJURY DRY, FARM, E	(AT HOME,	21f LOC STI	ATION			CITY OR TOW	7	COL	UNTY	STATE
EXECUTE THE CERTIFICATE, W PAGE A SHOULD BE FORWA TO FUNERAL DIRECTOR: PAC AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 21;		resulted fram:	Natural c	the remains described	Accident		Autapsy cide, , M.[	Hamics	Inspection de	Undeter	Inquiry [ mined man	ner,	nd in my ap  DATE SIGNE	77/7	/82
TO MED EXECUTE PAGE 4 TO FUN AFTER D BALTIMO	(TYPE	NER'S NAME OR PRINT)	Horn	nez R. Gu		M.D.	AETERY OR	DDRESS_1	11Pen	nStre	et Ba	ltim	ore,M	D 2120	
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ME (5))	Mitche	ell-Wied	lefeld	Home, I					1101			L			

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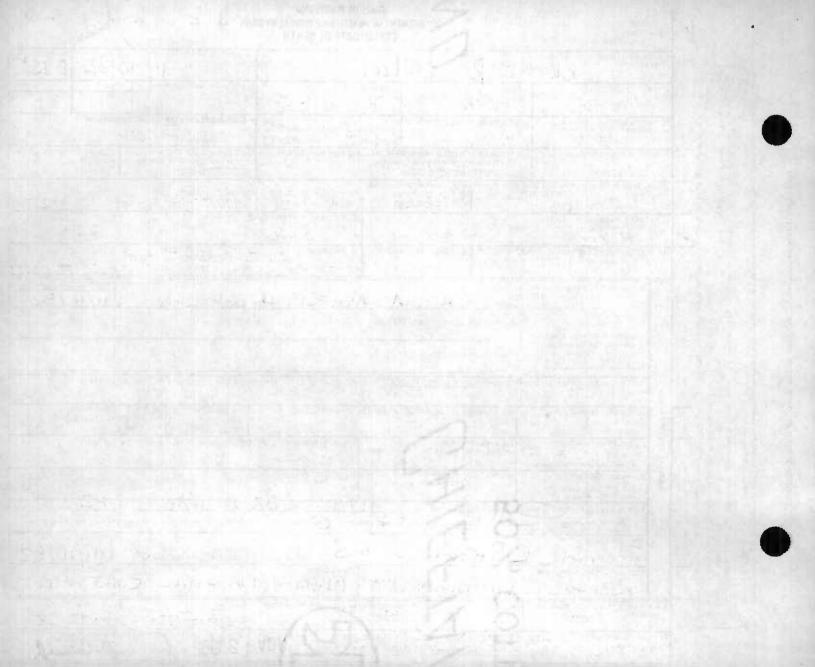
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FOR			PEPARTMENT OF	HEALTH AND	WENTAL H	YGIENE	2 3	64	J
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(TYPE OR F		derick	J.	Webb	or	OF E		6 19 82	
3 SEX	4. RACE	S. DATE OF BIRTH	6. AGE (IN YE	ARS IF UNDER 1 Y	R. IF UNDER 2	24 HRS. 2c. DATE	MONTH	DAY YEAR	2d. HOUF
Male	White	12 25	YEAR LAST BIRTHD	, morting bar	S HOURS	MIN PRONOUNCE DEAD	D 11	6 1982	2:25/
N BIRTHI	PLACE (STATE OR	76 CITIZEN OF WH		1	NEVER MARRIE	9. BALTIMOR	E CITY OR COU		
N	n country) Isvlvania	11	S.A.	WIDOWED [	DIVORCE		timore C	i + v	445
	OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOM			12a. USUAL OCCUPAT	ION (TYPE OF WORK	126 KIND OF B	BUSINESS
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SUAL RE	SIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISS	ION)	_	13e STREET ADDRESS	Internal		
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	R'S NAME		Dattimore		THER'S MAIDE		I blieet	-, 21201	
	loward	MIDDLE	Webber		Marie	L.	LE .	Shield	da
	DECEASED EVER IN U.S. AR	RMED FORCES?	16b. SOCIAL SECURIT		ORMANT		ADDRESS T-	inklin,	
	D, OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)	184-34-76		vard Web		rant Str		id.
		1 2		ou   now	varu web	Der 430 G	Tant Str		ATE INTERVAL
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-	8/1/		AS A CONSEQUENCE	OF					
	Conditions, if any, which gove rise to immediate							1 200	
	cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR	AS A CONSEQUENCE	OF					
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	T 2 OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERA	AINAL OISEASE OR CONG	DITION GIVEN IN PAR	T 1 ro	200		
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Ž 170	DAIL OF OFERATION	178 CONDII	MIN FOR WHICH OPE	ALION WAS PERI	ORMED!				
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AT	WORK AT WORK		reet	Broadwa	ay & Pra	att St. Ba	alto.		Mo
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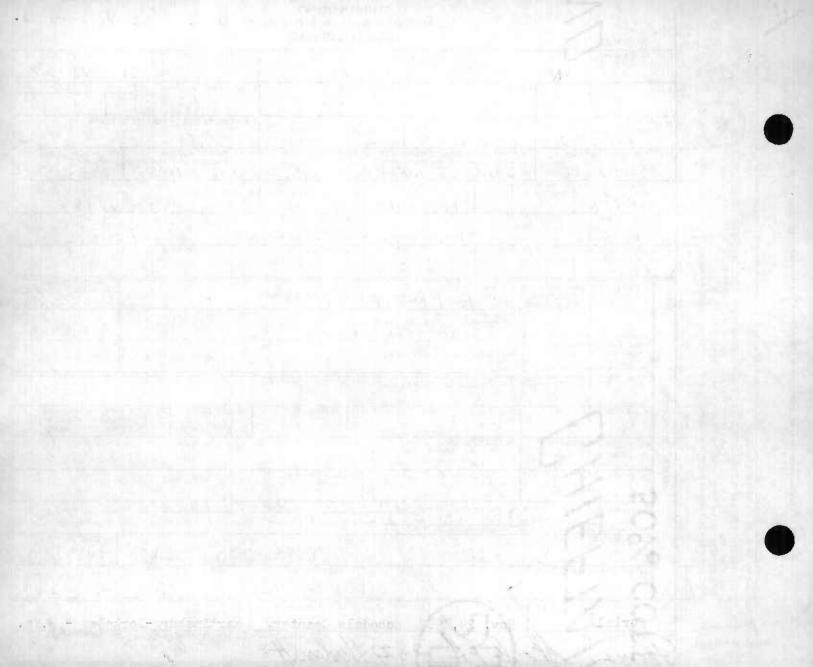


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	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTWORE, MARYLAND, 21201 P			nat I taak charg	ge of the re	emains des	cribed ab	ave, held or	Αυ	topsy .	Inspecto	an X.	Inquiry		ond in my	opinion		
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moy pog	3. SE		4. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
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ofter of the fu	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR INDUSTRY
201		BALTIMORE	LIVIV. OF	MARYLAND HOST,	STORE MANAGER	SHOES STORE
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: + 400		PART I. DE ATH WAS CAUSE	nly one cause per line far (a), (b) ED BY: .TE CAUSE (a) RES P()	LATORY ARREST		14 MEDIATE
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a de de se		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE			
on w		underlying cause lost	(c)			
2 5 5 6 7	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITION GIV	EN IN PART 1(a)
OC 6 CF A	CERTIFICATION	190 DATE OF OPERATION	Tigh CONDITION FOR WILL	ICH OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
no. no permit.	FICA	196 DATE OF OPERATION	196 CONDITION FOR WH	CH OPERATION WAS PERFORMED	IN CERTIF	YING CAUSES OF DEATH?
TAL The sicion sicion site has a shown sho	- E	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 P.	
ON OF VITAL HYSICIAN: The rding physicion is certificate h buriol-tronsis it I Mental Hygies	100	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR		
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3 0 0 0 0			ital ottended the deceased fro	m SETT 7 19 80	2 , to NOV 2	19, that (1) (we) last
OR ATTEND or hospitol o DIRECTOR: A sched for use Dept. of Heo		saw the deceased olive an abave, (1) (well (did) (did no	at) view the bady after death.	ond that in (my) (our) opinion	n death occurred on the date and have	r and from the couses stated
te phe phe		226. SIGNATURE		DEGREE		22c. DATE SIGNED
rat of the of th			no hil	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11121182
SPII od be d be st An		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	- 15 G- DA	
TO HOSPITAL  OCTOBER AL  TO FUNERAL  should be deto  with the Store I  IMPORTANT: II			00		ENE ST. BACTO,	142.2120
18/121	23a.	BURIAL, CREMATION, REMOVAL		34 NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
PP		Burial	Nov. 24,1982	Rosedale Cemetery		rkely
DHMH - 16 50M 4/82	1	DIRECTOR	ADDRE	2821/1	HE REG. D. BARBESTRARISM CIET	A SHOLING A SHOLING CO.
(VRA 15, 4)	(Z	Horres H. XIK	alds- FH: 0	- ON THROUND		



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(VRA 15. 4)

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REGISTRAR

FIRST

Frances

DECEASED NAME

Debilitation decubitus ulcer, urinary tract infection PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY 220. certify that (X (this haspital) attended the deceased from October 26 19.82 toNovember 21 19.82 that X (we) lost November 21 19 82, and that in XX (our) opinion death accurred on the date and hour and from the causes stated c/o Maryland General Hospital (SPECIFY) BURIAL MARYLAND BALTIMORE NOV. 22,1982 BETH TFILOH SOL LEVINSON & BROS. INC. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 6010 REISTERSTOWN RD. 21215 BALTO., MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Weltz

LAST

REG. NO

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12b. KIND OF BUSINESS OR AT HOME

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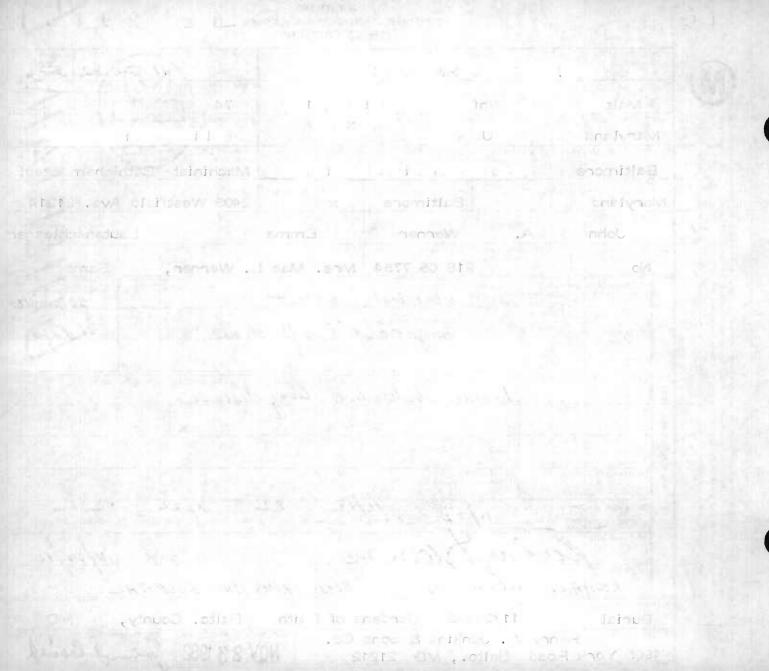
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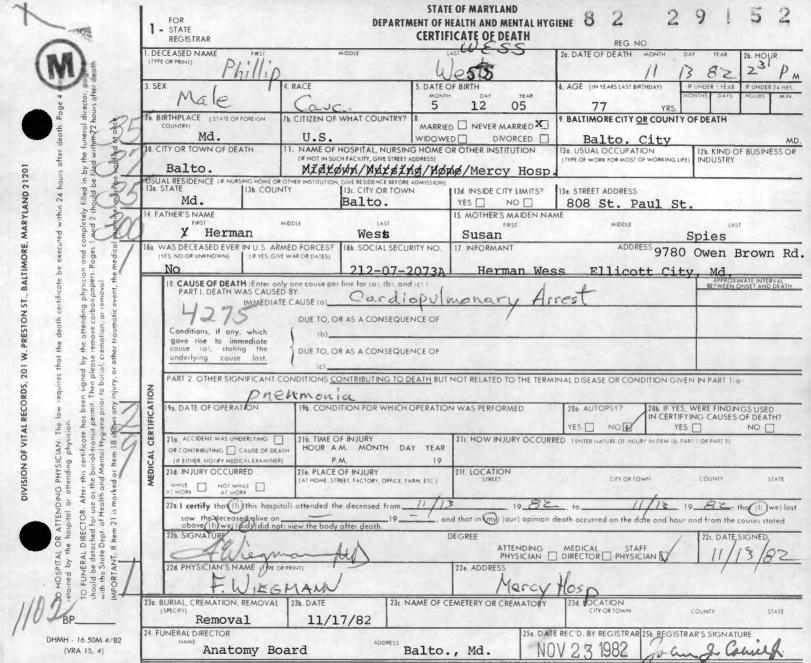
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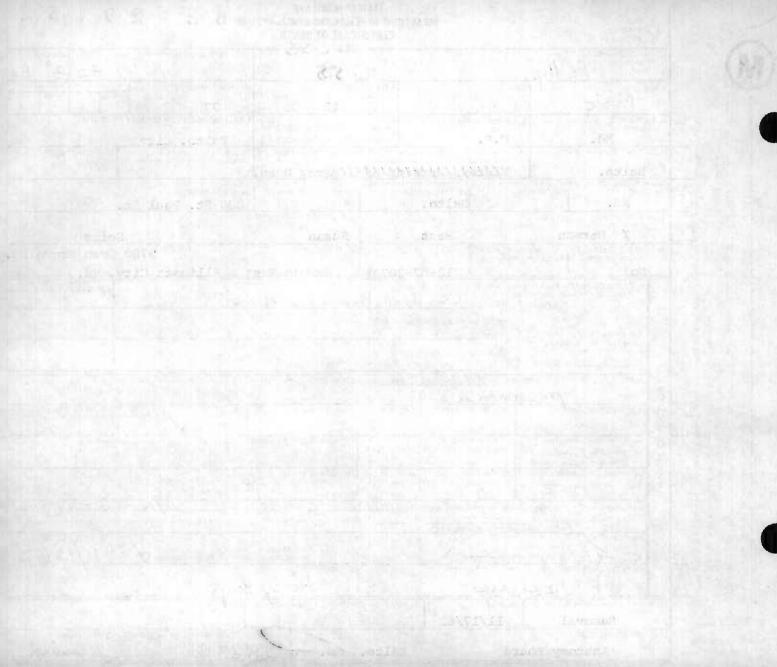
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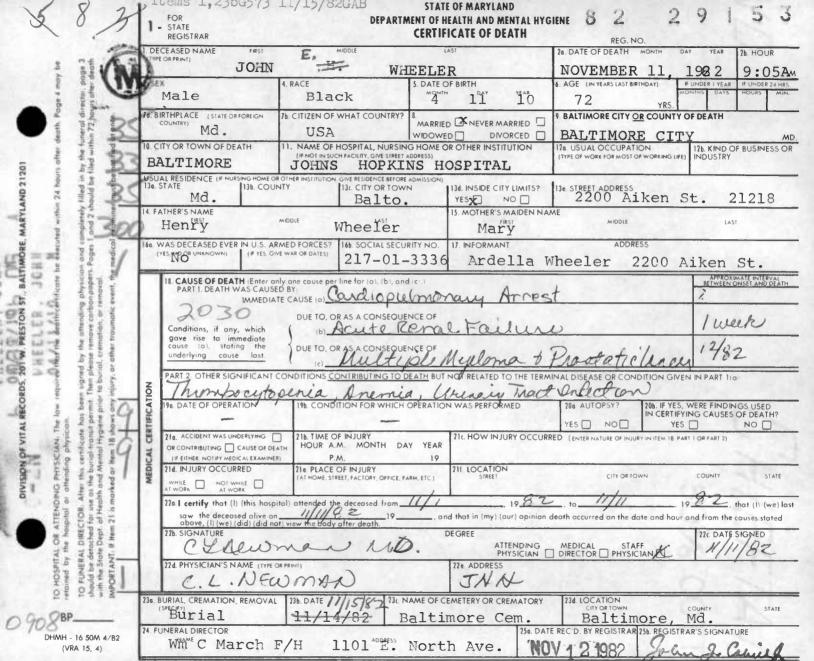
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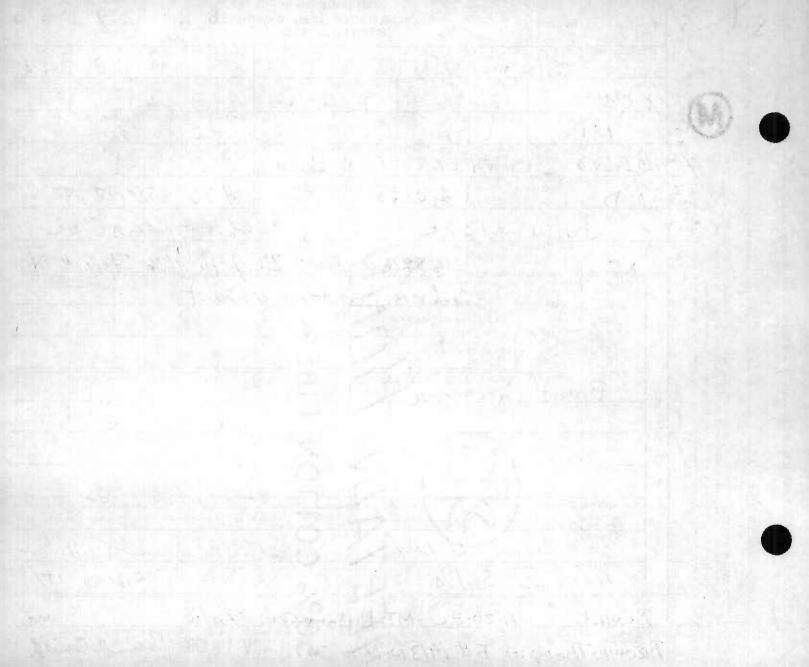




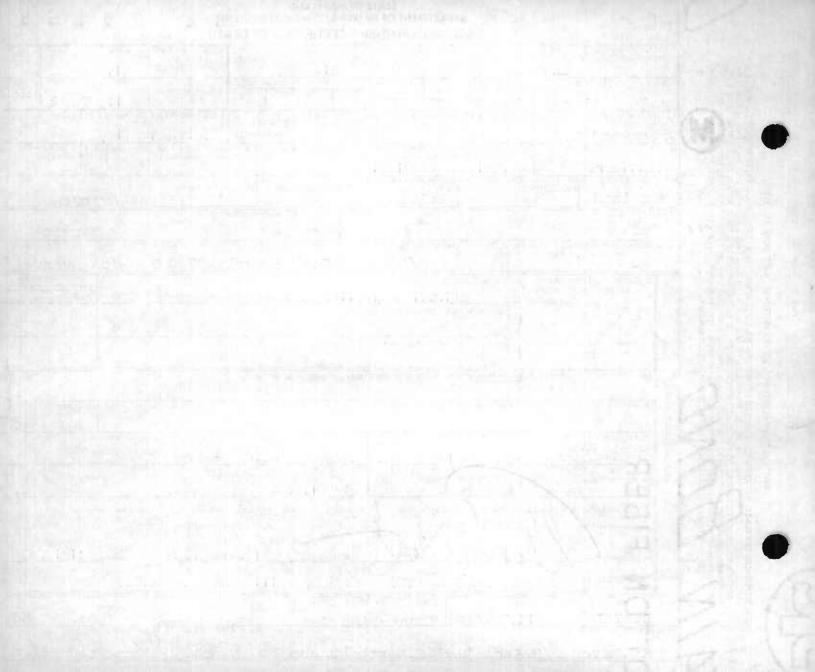


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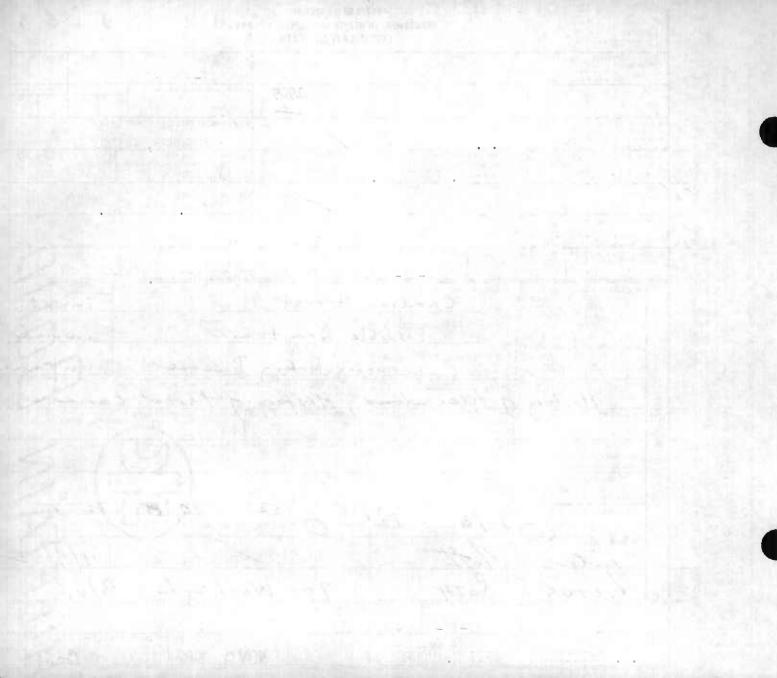


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1 DEDGE AR	23a.BU (SP	ECIFY)	ON, REMOVAL	23b. DATE	23c. N	NAME OF CEA	AETERY O	R CREMATORY	2	23d. LOCATI	ON		COUNTY		STATE
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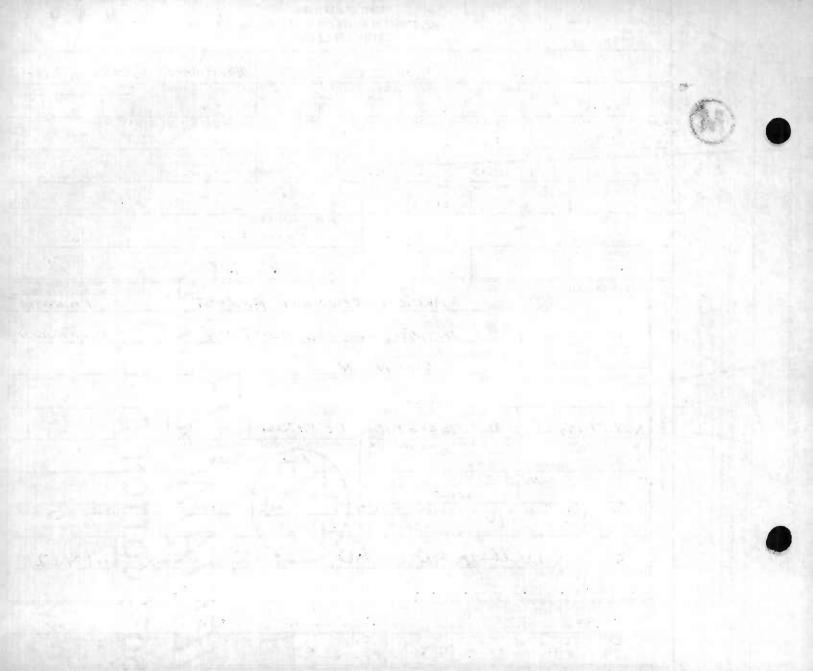
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PRDS, 201 W. PRESTON ST., 8 requires that the death certifical requires that the death certifical replaces remare carbon pay at to buriot cremation, an remove relawy, or other traumatic event.	ION	Canditions, if any, which gave rise to immedia cause (a), stating the underlying cause later PART 2. OTHER SIGNIFICATION CONTRACTOR	AUSED BY: EDIATE CAUSE (a)  DUE TO, C  the te he DUE TO, C  (c) (c)	Cara	liac  UENCE OF  SSIBLE  UENCE OF  SPONA	Arrest  Arryth  Arryth  Arryth  MOTRELATED TO THE TER  History	4	APPROXIMATE INTERVAL BITWEEN ONSET AND DEATH  in med  im med  unlenou  GIVEN IN PART Ita					
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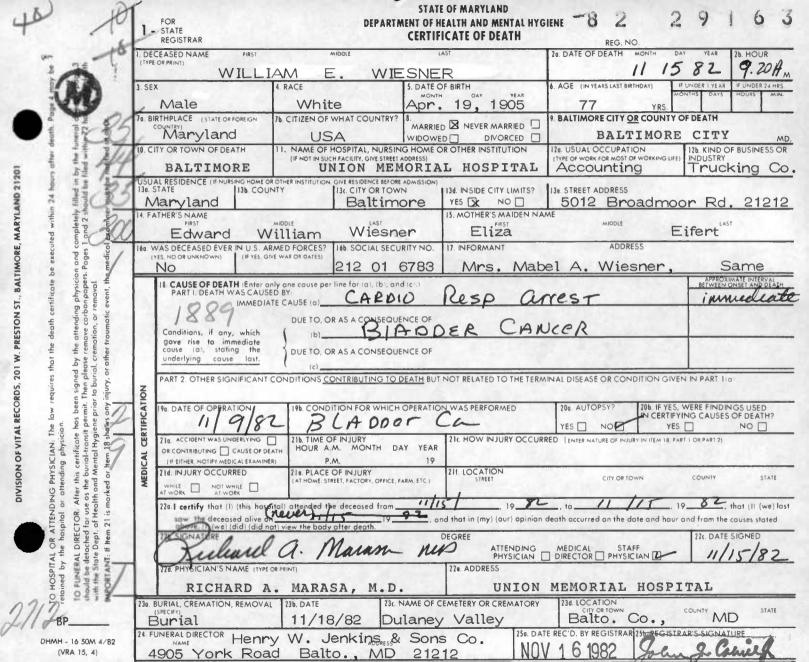
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d		PECEASED NAME FIRST		AIDDLE		AST	4	a. DATE OF DEATH	MONTH DAY	YEAR 26	HOUR
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å 15 g	70.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	□ NEVER MARRIE	9.	BALTIMORE CITY OF	COUNTY OF D	EATH	
The coth	1	Maryland	USA		WIDOWE		- 1	BALTIN	none (	CITY	MD.
with the design of the design	40	CITY OR TOWN OF DEATH		OSPITAL, NURSIN		ROTHER INSTITUTIO		20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF		b. KIND OF B	BUSINESS OR
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tely 2 sh		FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDE					
MAN we do w		Irvin	WIDDLE	Kiah		Julia	a	WIDDLE		Carr	
RE,	16a	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRES	s Phil	a, Pa	.19131
MOR n ond Poges		(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	220-14-	3545	Queen E	. Sam	uel 5722	Wynnef	ield	Aye
ALT he b sicion pers.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per								TE INTERVAL
T., B			SED BY. ATE CAUSE (0)	CARDIO	PULI	MONARY	ARI	REST			
ON S ding arbo or re		4/00		R AS A CONSEQUE	NCE OF						
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the of the cemon		gove rise to immediate couse (a), stating the	DUE TO OF	R AS A CONSEQUE	NCE OF			57/25			
hot by by craft, cr		underlying couse lost	(c)								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,  NG PHYSICIAN: The low requires that the death certific  ontending physicion.  ther this certificate has been signed by the ottending ph  os the burial-transit permit Then please remove carding  hos the burial-transit permit Then please remove, core non  on the Amental Hygiene prior to burial, cremotion, or remo  orked or Item 18 shows ony injury, or other traumatic ever		PART 2. OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	E TERMIN	AL DISEASE OR COND	ITION GIVEN IN	PART I(o)	19.00
PRDS see The s	CERTIFICATION										- 57, 1
S bee	N S	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	WAS PERFORMED		20a AUTOPSY?	20b. IF YES, WEF		
Al A	1 12			ALLENIA				YES NO	YES 🗌		NO 🗆
VIT Hysical hy		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	LIGHT A	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY O	CCURRE	ENTER NATURE OF INJURY	IN ITEM 18, PART 1 O	R PART 2)	
SICLY Page page property page page page page page page page page	N S	(IF EITHER, NOTIFY MEDICAL EXAMINE			19						
PHY endir this d M	MEDICAL	21d. INJURY OCCURRED	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET		CITY OR TOW	N CC	YTAUC	STATE
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OR OR DIRE		226. SIGNATORE	D. 6.	11.0	(	DEGREE	INIC	MEDICAL STAF		22c. DATE SIC	1 - 1
AL AL Jetc		Vecil	Jarou	- m(b)		PHYSIC	IAN	MEDICAL STAF	IAN S	11/12	100
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		CECIL	PARKE	or m	Y	2-600	d	BERTY	HUS.		
0 g 5 d g 3	230	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. h	NAME OF C	EMETERY OR CREMAT	TORY	23d. LOCATION CITY OR TOWN	COUN	TY	STATE
/5//5BP		BURIAL	11/1	17/82 A	butu		k.	Arbutus			Md
DHMH - 16 50M 7/77	24	FUNERAL DIRECTOR		ADDRESS			ON DATE R	EC'D. BY REGISTRAR	REGISTRAR'S	SIGNATUR	. 1
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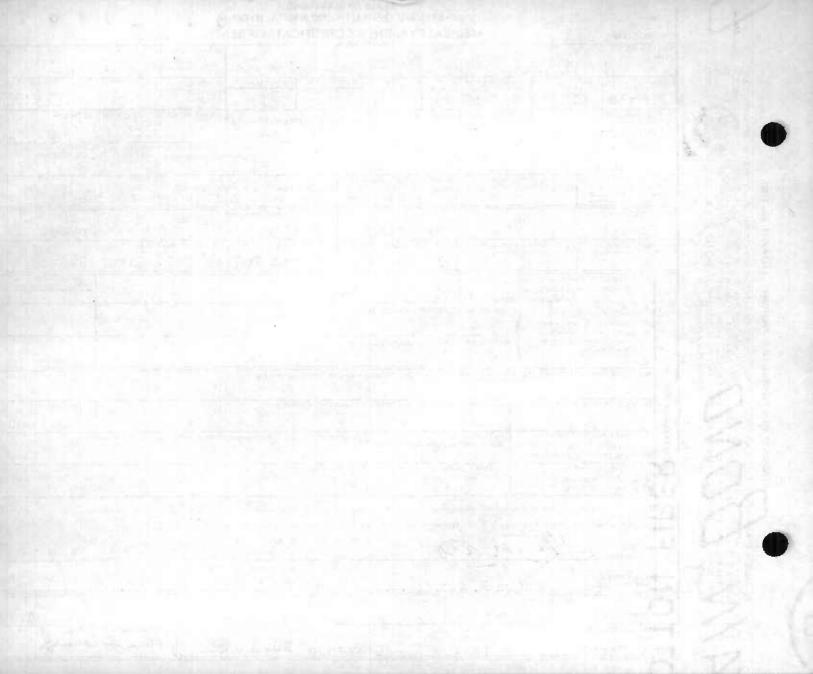


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The City or Town OF Death   City or Town OF No.	į			ie Md.	US	SA							Balti	imore	e Cit	City		
WAS DECEASED EVEN IN U.S. ARMED FORCES?   No.   134 ENTERNAME   135 EVEN   NO.   136 EVEN	í				11. NAME OF HO	NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 1706 USUAL OCCUPATION (TYPE OF WORK )										76. KIND OF BUSINESS		
BESTATE   THE STATE   THE ST	j		Bal	timore	2817 F	2817 Riggs Avenue										DSIKT		
Maryland   Baltimore   VES   No   2817 Riggs Avenue	J				R OTHER INSTITUTION,	GIVE RESIDENC	E BEFORE ADMISSION		13d. INSIDE CIT	TY LIMITS? II	13e STREET	ADDRESS	9-7-9					
JOSEPH NOTE SLETTING MATCH MAT	į	10000000	_	-							2817	Rig	gs A	lven	iue			
THE WAS DECEASED EVER IN U.S. ARMED FORCES?   THE SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   THE SOCIAL SECURITY NO.   217 - 10 - 2468   Sharon Folkes 2817 Riggs Avenue   217 - 10 - 2468   Sharon Folkes 2817 Riggs Avenue   217 - 10 - 2468   Sharon Folkes 2817 Riggs Avenue   218 - 248 - 248   Sharon Folkes 2817 Riggs Avenue   218 - 248 - 248   Sharon Folkes 2817 Riggs Avenue   218 - 248 - 248   Sharon Folkes 2817 Riggs Avenue   248 - 248 - 248   Sharon Folkes 2817 Riggs Avenue   248 - 248 - 248   Sharon Folkes 2817 Riggs Avenue   248 - 248 - 248   Sharon Folkes 2817 Riggs Avenue   248 - 248 - 248   Sharon Folkes 2817 Riggs Avenue   248 - 248 - 248   Sharon Folkes 2817 Riggs Avenue   248 - 248 - 248   Sharon Folkes 2817 Riggs Avenue   248 - 248 - 248   Sharon Folkes 2817 Riggs Avenue   248 - 248 - 248 - 248   Sharon Folkes 2817 Riggs Avenue   248 - 248 - 248 - 248 - 248   Sharon Folkes 2817 Riggs Avenue   248 - 248 - 248 - 248 - 248 - 248   Sharon Folkes 2817 Riggs Avenue   248 - 24	1	14. F/		111	MIDDLE				15 MOTHER	R'S MAIDEN	NAME	MIDDLE				IL The		
Search   Continue	ļ	-	de												Brya	nt		
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   PART I DEATH WAS CAUSED BY:   Cirrhosis of liver   Conditions, if any, which gave rise to immediate couse (a) stating the under-   Jung couse lost, (c)   DUE TO, OR AS A CONSEQUENCE OF	1	(Y	ES, NO, OR UNKNO	EVER IN U.S. ARA	WED FORCES? WAR OR DATES)						2.1							
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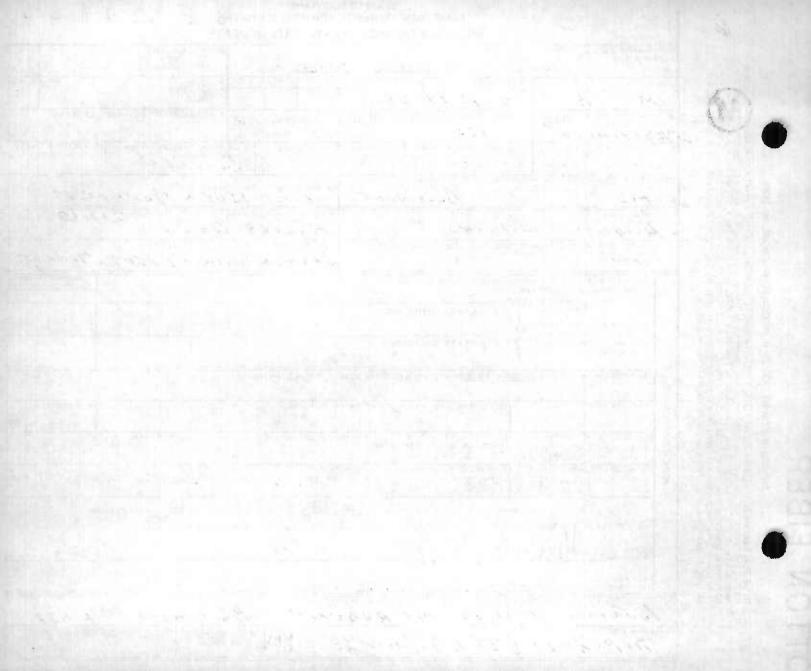
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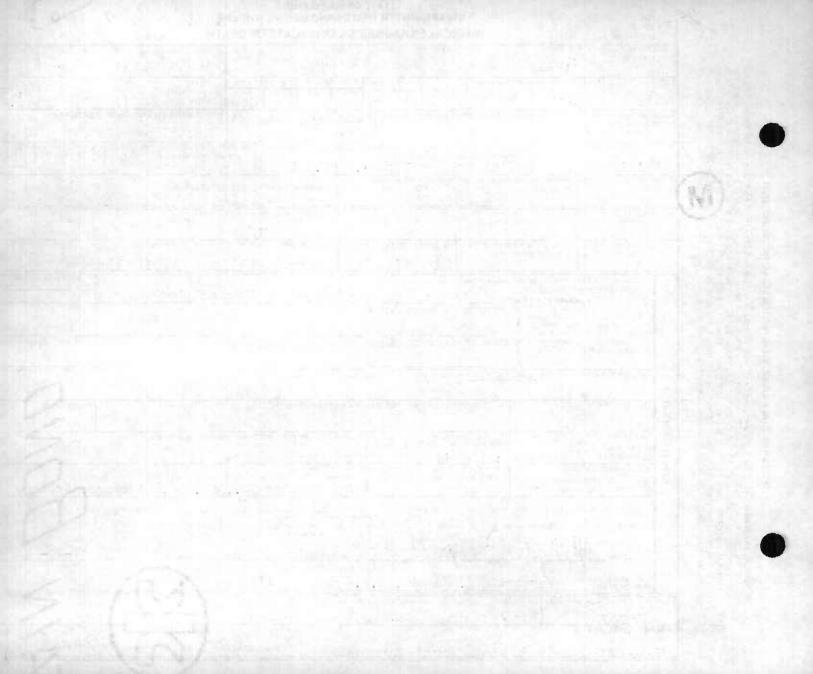
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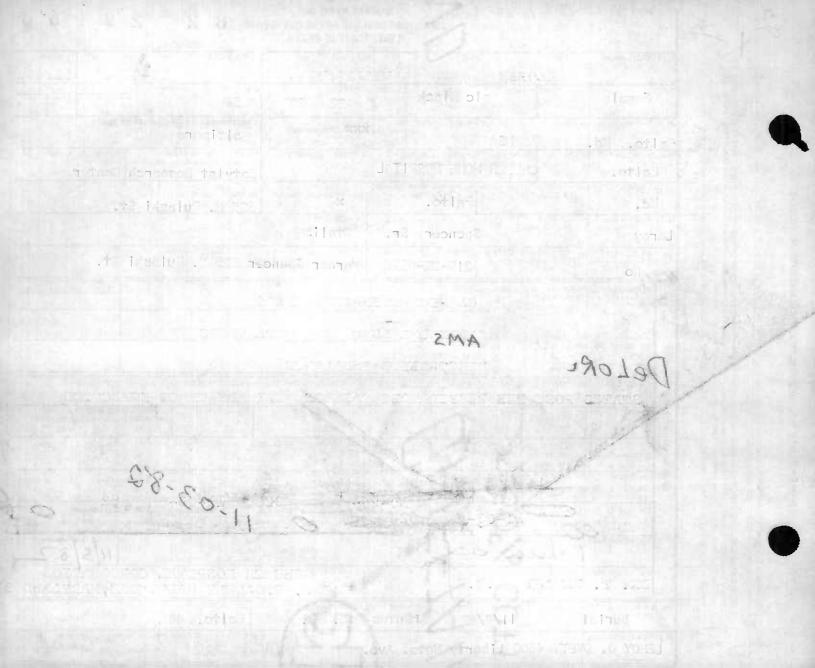
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_ 100	FC	RTHPLACE (S REIGN COUNTRY)	TATE OR MAD	76. CITIZEN OF WHAT COUNTRY?  8 MARRIED   NEVER MARRIED   8 BALTIMORE CITY OR CO										COUNTY OF DEATH		
PAGE 5	10. C	TY OR TOWN	OF DEATH	II. NAME OF HO	ACILITY, GIVE ST	SING HOME,				12a. USU	AL OCCUPATION OF WORKING	ON (TYPE OF W	ORK 12b 1	KIND OF BUS OR INDUSTR		
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URS AFTER DEA'S GUVE PAGES WITH FORM PIT. PAGES VANI	16a. \	VAS DECEASE ES, NO, OR UNKNO	D EVER IN U.S. ARM	AED FORCES? VAR OR DATES)	16b. SOC	IAL SECURITY	NO. 1	1. INFORM		wi	luing	DDRESS	52	Your	US	
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52.5.6.8.2.		URIAL, CREMA	TION, REMOVAL 23	~		AME OF CEM	ETERY OR		7	30	CATION RTOWN		725 J	123	ATE P	
O DHMH - 17 (VR A15 ME (5))	24. 1	THE PART DIRECT	Stayes	638	カタ	/mn	1 34		NOV	10)	REGISTRAR 2	KEBISTRA	PION	monter	6	

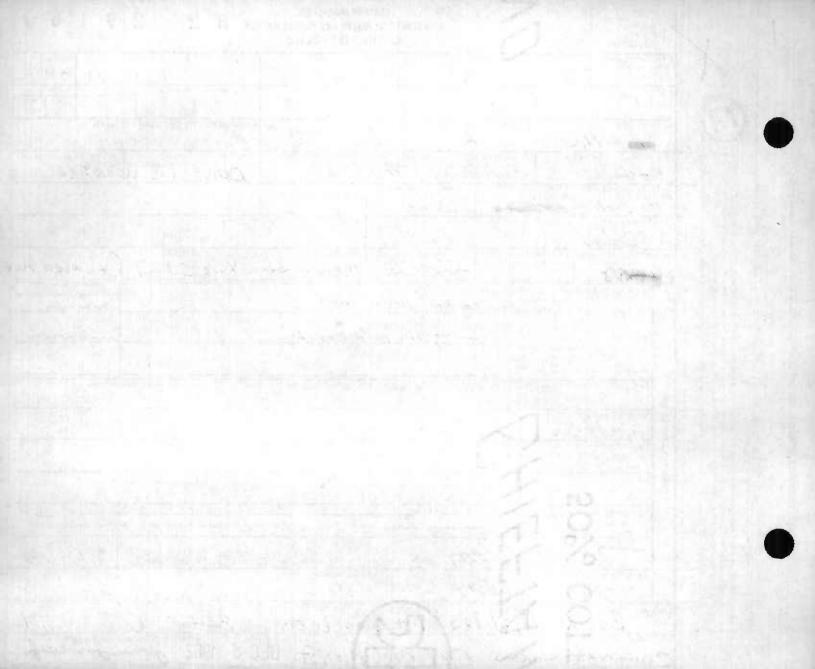




		CEASED NAME FIRST		MIDDLE	L/	AST			YEAR 26. HOUR
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(附)	3 SE	<sup>x</sup> Female	4 RACE	* Black	5. DATE O		6. AGE (IN YEARS LAST BIRTH	YRS.	TYEAR IF UNDER 24 HR DAYS HOURS MI
72 a 72	(	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	MNEVER MARRIED	Baltimore city or	COUNTY OF DEA	ATH
by the fu	10. C	Balto.		HOME HOSP		PROTHER INSTITUTION	120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Caty 1st Res	WORKING LIFE) INDI	
filled in nould be	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COU	R OTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE  13. CITY OR TOWN  Balto.	ADMI5510N) V	134. INSIDE CITY LIMITS?	13. STREET ADDRESS 625 N. Pula	ski St.	
ond 2 sl		THER'S NAME	MIDDLE	Spencër,		Otel 18	MIDDLE		LAST
Poges 1		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) { IF YES, G	RMED FORCES?	219-22-0	711 NO.	Warner Spens	ams 625 N. Pu	s ilaski St	
ss been signed be ermit. Then plea e prior to burial, s any injury, or c	CERTIFICATION	PART 2 OTHER SIGNIFICANT STATUS POS' 19a. DATE OF OPERATION	CONDITIONS C	ONTRIBUTING TO D	ORY I	INBALANCE NOT RELATED TO THE TERM FAILURE, UR N WAS PERFORMED	INARY TRAC	T INFEC	FINDINGS USED AUSES OF DEATH?
this certificate has he burial-transit per and Mental Hygiene and Mental Hygiene dor Hem 18 shows	MEDICAL CERTIF	270. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI  (IF EITHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED	R) P	DF INJURY .M. MONTH DA .M. OF INJURY	Y YEAR	216. HOW INJURY OCCURE	YES NO		
To Go	ME	WHILE NOT WHILE DAT WORK  220.1 certify that (1) this has	(AT HOME, SI	REET, FACTORY, OFFICE, FA		10	11-03-	19 8 2	, that (I) we
OR: After the use as the Health and is marked		saw the decreased glive of			- 10	begare	death occurred on the dat		
etoined by the hospital or offe TO FUNERAL DIRECTOR. After thould be detoched for use as the with the State Dept. of Health on MPORTANT: If them 21 is marked		THE SIGNATURE K	aes ·	ale		ATTENDING	MEDICAL STAFF	1	1382

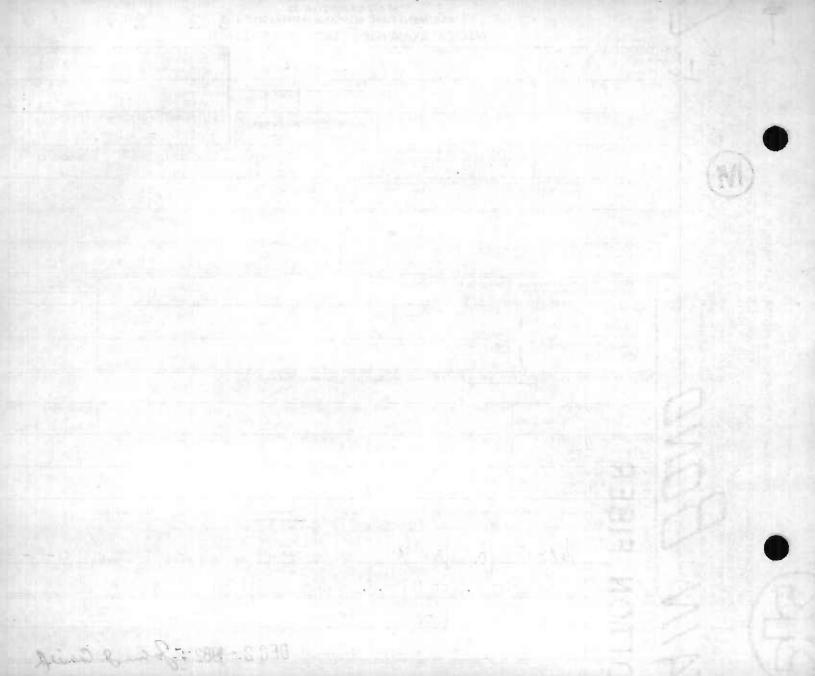


+ V	1.	FOR STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HYO RTIFICATE OF DEATH	GIENE 8 2 2 REG. NO.	9 1 6 9
by be	34YT)	CEASED NAME FIRST OR PRINT) Ida	M M	Jilliams	11 1	7 82 7 PM
ge 4 moy	3. SE	F	4. RACE	DATE OF BIRTH MONTH DAY YEAR 10 06 19	6. AGE (IN YEARS LAST BIRTHDAY) 63 YRS.	MONTHS DAYS HOURS MIN.
de d		RTHPLACE (STATE OR FOREIGN COUNTRY)		ARRIED NEVER MARRIED DOWED DIVORCED	Baltimore City or County	OF DEATH  MD.
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AND 212	13a. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BHORE ADMI	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
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MORE, in ond co		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECURITY		w Kins 5357	DENMORE AUE
DS, 201 W. PRESTON ST., BAL. quires that the death certificate signed by the ottending physicic hen please remove carbon paper to buriol, cremotion, or removal. ijury, or other traumatic event, the		Conditions, if ony, which gove rise to immediate couse (0), stoting the underlying cause lost.	nly one couse per line for 101, (b), ond 101. ED BY:  TE CAUSE (o) CANDIO PARTIES  DUE TO, OR AS A CONSEQUENCE  (b) MULTIPLE CONSEQUENCE  (c) CONDITIONS CONTRIBUTING TO DEAT	ton avest colon cancer OF	ninal disease or condition giv	BETWEEN ONSET AND DEATH  MANUELLE STREET  LEN IN PART 110
VITAL RECOR	L CERTIFICATION	190. DATE OF OPERATION  11/3/87  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING   CAUSE OF DE		VISCUS 1216. HOW INJURY OCCUR	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO ART 1 OR PART 2)
//SION PHYS the bu	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM. I	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDI e hospital or DIRECTOR: A ched for use Dept. of Heal		sow the deceased alive or	noted by the deceased from 1922 of view the body after death.		deoth occurred on the date and hour	19_82_, that (I) (we) last r and from the causes stated  22c. DATE SIGNED.
TO HOSPITAL (TO HOSPITAL Setoined by the Should be detoined by the Should by the Should be detoined by the Should by the S		122d. PHYSICIAN'S NAME GEYPE	Roberts	Univ of	maryland He	spital
2788BP		SURIAL, CREMATION, REMOVAL	1236 DATE /82 M+.	ZION CEMETERY OR CREMATORY		o. md.
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FI	DAT MAN - XI	ARRIS 170 DOESS M	Cylloh St. DI	TE REC'D. BY REGISTRAP 256. REGIST	RAR'S SIGNATURE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20. DATE KNOWN X MONTH DAY 2b. HOUR (TYPE OR PRINT) DEATH MATED 28 1982 William Judson) Williams Judson W 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE MONTH LAST BIRTHDAY) 3:45 a. M PRONOUNCED DEAD 28 1982 73 YRS 28 09 male Black 9 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore City. Carolina WIDOWED [] DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 1612 N. Aisquith Street Baltimore 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Do STATE 136 COUNTY 13c. CITY OR TOWN 1612 N. Aisquith St.21202 YESKX NO [ Maryland Baltimore BALTIMORE, MD. 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Willias Thomas Rosie Watson 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES 251-10-9027 Hassie B. Williams 1612 Aisquith St No 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E, WRITING RAWARDED TO THE CARACES SHOULD BE U YES NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 19 21f LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO AT WORK EXECUTE THE CERTIFICATE, WRIPAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE ( Inspection XX 22a I certify that I took charge of the remains described above, held an and in my apinion Inquiry Natural couses XX death resulted from-Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 11-28-82 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. III Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b, DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE BURIAL Md. Baltimore 12/4/82 Cedar Hill Cem. Co. BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Wm.C.March F/H Inc.1101 E.North Avenue

20M 4/82



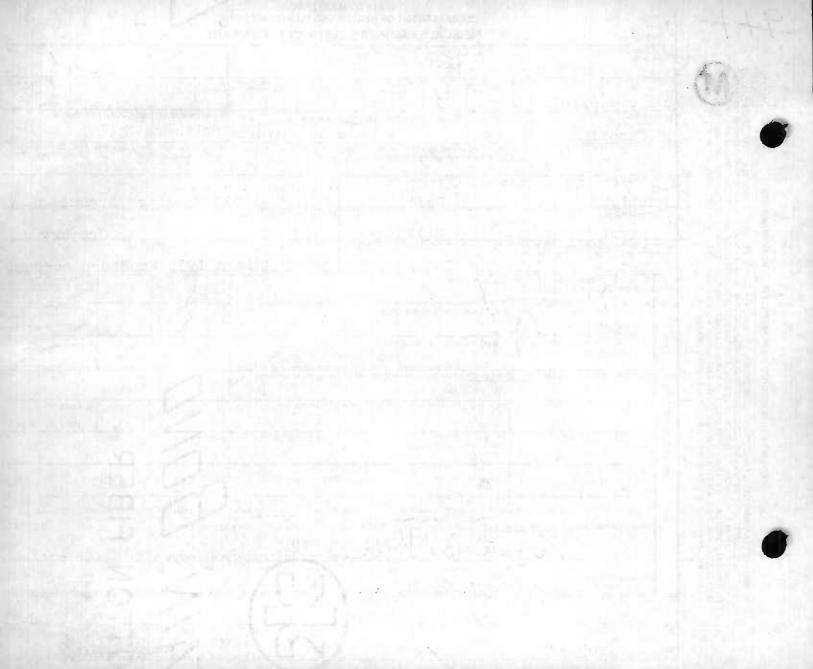
15	1.	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8  CERTIFICATE OF DEATH  REG. NO.	29171
J		CEASED NAME FIRST OR PRINTI RONGERS	R. WLLLAMS, M.D. 11-10-82  1. RACE  1. DATE OF BIRTH  1. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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merol di in 72 ho		RTHPLACE (STATE OR FOREIGN COUNTRY) nnsylvania	MARRIED NEVER MARRIED DIVORCED DIVORCED RALTIMORE CITY OR COUNTY OF COUNTY O	RE CITYMD.
s ofter of	V	ALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  NIV. OF MARY LAND  PHYSICIA A	12b, KIND OF BUSINESS OR INDUSTRY
filled in		AL RESIDENCE (IF NURSING HOMEOR STATE	OTHER INSTITUTION, OIVE RESIDENCE BEFORE ADMISSION)  TY   13c, CITY OR TOWN   13d, INSIDE CITY LIMITS?   13e, STREET ADDRESS   COLUMN   12d, INSIDE CITY LIMITS?   13e, STREET ADDRESS   COLUMN    linedate AVE PI	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120  ING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours retending physicion.  Wher this certificate has been signed by the ottending physicion and completely filled in by as the burial-transit permit. Then please remove corban papers. Pages, Land 2 should be fit the not Amental Hygiene prior to burial, cremotion, or removal.  In any according to the standard provider that the medical examiner must be harded or them 18 shows any injury, or other traumotic event, the medical examiner must be harded.		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost:	y one couse per line for (a), (b), and (c.) BY:  E CAUSE (a) BLADDER CANCER METASTAT  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE DEATH B	
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DIVISION DING PHY or offer this e os the builth and M	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f LOCATION STREET CITY OR TOWN	COUNTY STATE
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000 BP		Burial, Cremation, Removal	236. DATE 11-13-1982 PAGE OF CEMETERY OF CREMATORY COCKEYSVILLE	couMarylandiate
DHMH - 16 50M 4/82 (VRA 15, 4)		INERAL DIRECTOR  ck Towson Funer	al Home, Inc. Towson, Maryland 100 1 2 1982	ISTRAR'S SIGNATURE

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	220 I certify th	not I taak charge	of the remains desc	ribed above, held	on Autop	sy L., Inspectio			ny opinion	
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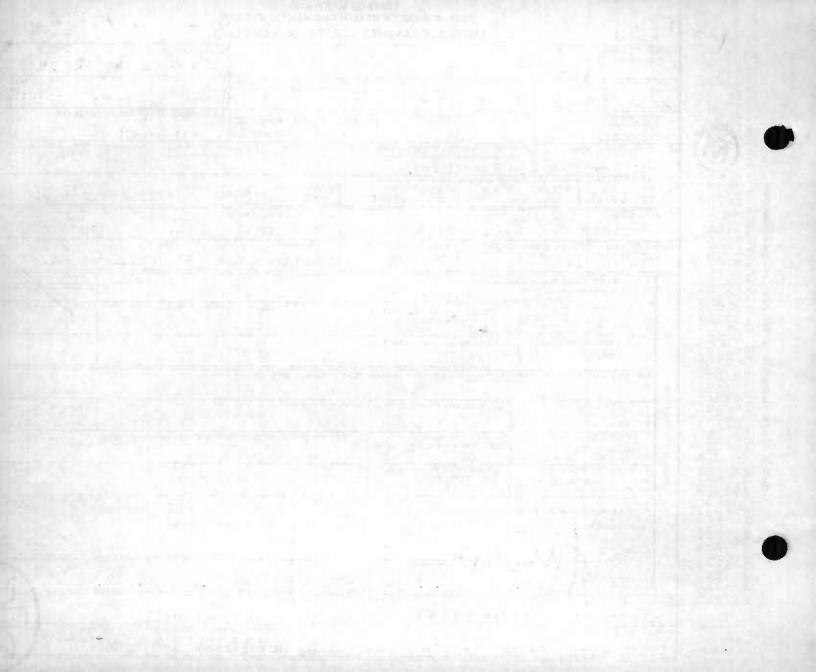
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TO HOSPITA etained by TO FUNERA should be de		Dr. Irving M	V	.D.		22e. ADDRESS	pkins Hosp	44	alto.	, MD
	230.	BURIAL, CREMATION, REMOVA (SPECIFY) Burial		23c. 1		EMETERY OR CREMATORY  EY Valley	236 LOCATION CITY OF TOWN Balto.	cc	OUNTY	MD STATI
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	Z XA	1VI	aryland TY OR TOWN OF DEATH	11. N.	AME OF HOS	SA PITAL, NU	RSING HOM	WIDOW E, OR OTH		DIVORCE				TYPE OF WOR	K 12b. KI	ND OF BUS	
	No.	1	Baltimore	20	NOT IN SUCH FAC	LL A	ve.		10 - 1		FOR MO	OST OF WORK	ING LIFE)		OR	R INDUSTR	Y
21201	AND SETA	13a S	TATE 13b ( aryland	HOME OR OTHER	INSTITUTION, GIV	13c. CITY	OR TOWN		13d. INSIDE CIT	NO	13e STREI	O O	del	le A	ve.A	pt.8	20
WD	2 SE	14 F/	Herbert	MIDDI S	.E	Wil	LAST		15. MOTHE	R'S MAIDEI	NAME	MI	DDLE		Toh	LAST NSON	
OR OR	A S S D	160. V	VAS DECEASED EVER IN U			_	CIAL SECURIT	Y NO.	17. INFORM	-			ADDRE	SS	0011	212	
BALTIMORE	TED WITHIN 24 HOURS AFTER DE NO PENCIL IN ITEM 18. GIVE PAGE XAMINER ALONG WITH FORM AL. TRANSIT PERMIT. PAGES IVA MENTAL HYGIENE, DIVISION IT N, OR REMOVAL.	(Y		S, GIVE WAR OR			N/A		Const	tance	e Ge	e 38	14 (	Colbo	orne		
	A 18. G IG WIT. PA VE, DIV		18 CAUSE OF DEATH (Er PART I DEATH WAS C	AUSED BY:	_		), and (c).) re dis	ordor		The						PPROXIMATE VEEN ONSET	
PRESTON ST	VITEM 1 ALONG T PERM YGIENE		7203	NEDIATE CAU	DUE TO, OR						£	M.	Mil.				
PRES	AER /		Canditions, if any,		(b) 1 /	4.4											
*	PENCH AMIN		cause (a) stating the s lying cause last.		DUE TO, OR	AS A CON	SEQUENCE	OF									
5, 201	NO A PERSON			(	(c)												
RECORDS	BE EXENDING WEDICA SA BUTH AN	NO	PART 2 OTHER SIGNIFICANT CONC	DITIONS CONTRIBI	UTING TO OFATH E	UT NOT RELA	NTED TO THE TERM	MINAL OISEAS	E OR CONDITION	GIVEN IN PAR	T I tol.						
VITAL RE	HOULD WEED A STRING OF HEAD	CERTIFICATION	190 DATE OF OPERATION	4	196. CONDIT	ION FOR	WHICH OPE	RATION W	AS PERFORA	MED?						HEADY?	ONLY
OF V	ATE SE WOOD THE OPENIE OF SE WOOD SE W	CER	210 EXTERNAL CAUSE W	AS	216 TIME OF		DAY YEA		OW INJURY	OCCURRED	) (ENTERNA	ATURE OF INJU	JRY IN ITEM	18 PART I OR	PART 2)		
NO	SHOT A	CAL	UNDERLYING OR CONTRIBUTING CAUS	E OF DEATH	P.M.		19		NEW P						111		
DIVISION	THIS CERTIFICATE SHOULD BE EXECUTED WATER WRITING THE WORD "PENDING" IN PENDING WARDED TO THE CHIEF MEDICAL EXAMINE PAGE 3 SHOULD BE USED AS B BUSHAL-THE STATE DEPARTMENT OF HEALTH AND MENION, 21201 PRIGR TO BURRAL, CREMATION, OF	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	IE 🗌	21e. PLACE C STREET, FACT				CATION			CITY OR TOW	/N	(	COUNTY		STATE
	ATE, AME, T		220 I certify that I taak	charge of the	e remains desc	ribed abo	ive, held an	Hea		/ Inspection		Inquiry	<u>,</u>	and in my	apınıan		
	EXAMINER: CERTIFICATE JID BE FOR DIRECTOR: WITH THE S AARYLAND.		death resulted fram	Natural caus	ses X	Accident	, s	uicide	, Hamici	de .	Undeter	mined ma	nner [	],			
	CER CER CAN WAR		ACTUAL A	1 . /	20				TITLE (SP	,				DAT	E		
	DICAL TETHE A SHOU DEATH.		SIGNATURE	AU	MX	_		M	.D. Ass	istan	T MEDIC	CALEXAM	INER	SIGI	VED	1-5-8	2
	SH CHEST		TYPE OF PRINT	Ann M.	Dixon	, M.D			ADDRESS	111 P	enn S	St.,	Balt	o., M	ld. 2	1201	
01	PATO PATO	(5	URIAL, CREMATION, REMO			- 3	NAME OF CE	METERY C	R CREMATO	RY	CITY O	RTOWN			YTHU	STA	
2605	4BP		BURIAL UNERAL DIRECTOR	111	/15/8	2   M	d. Ve	etera	n Cer	n . Sa. DATE RI	Cr EC'D RY	OWNS	vil	le GESTRARY	SIGNAT	URE *	Md.
	DHMH - 17 (VR A15 ME (5))		m.C.March	F/U T	ADDRESS	01 -	3 N7	- l- 7-		NOV		1982	10	lung	2.6	welf	
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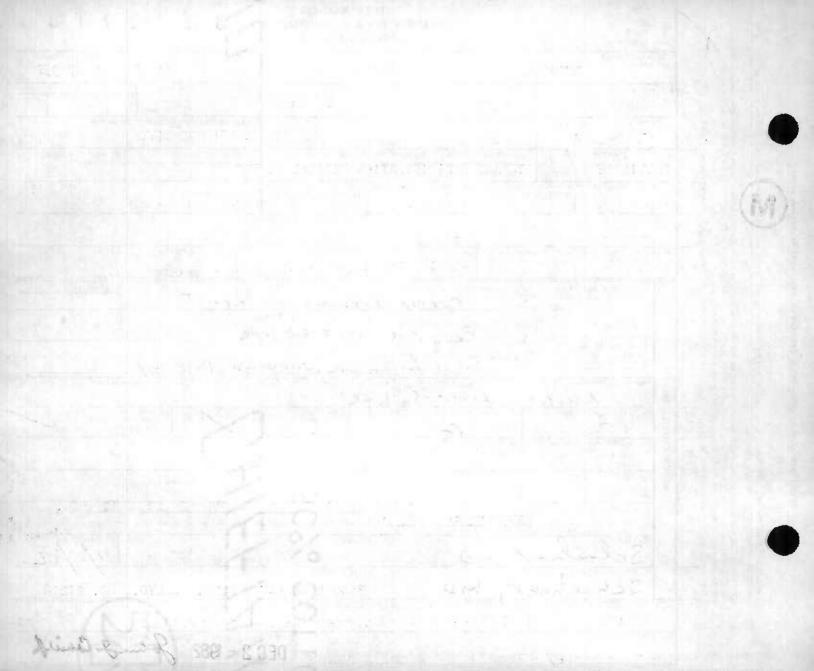
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	FOR 1 - STATE REGISTRAR	DE	PARTMENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH		2 2. REG. NO.	9	7 9
	1. DECEASED NAME FIRST	MIDDLE	· ·	AST	20. DATE OF DE	ATH MONTH DAY	YEAR	25 HOUR
	Laza	rus W	ilson			11/17/82	2	8:45 A
	3. SEX	4 RACE	5. DATE O		6. AGE (IN YEARS	LAST BIRTHDAY) IF UN	HS DAYS	IF UNDER 24 HRS
	M	W	11/	10/04 YEAR		78 <sub>YRS.</sub>	DAIS	HOURS MIN.
1	70 BIRTHPLACE (STATE OF FOREIGN COUNTRY) USA	76 CITIZEN OF WHAT COU	MARRIEL WIDOWE	NEVER MARRIED	BALTIMORE	Balto. Ci		MD
1	Balto.	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GIV Midtown	Home	R OTHER INSTITUTION	12a USUAL OCC		25. KIND OF NDUSTRY	F BUSINESS OR
7	USUAL RESIDENCE (IF NURSING HOME O 13a STATE Md.	NTY 13t. CITY_O		13d. INSIDE CITY LIMITS	? 13e. STREET ADD 3423	Cliftmont	Ave.	21213
	TA FATHER'S NAME FIRST UNKN	MIDDLE , LA	AST	15. MOTHER'S MAIDEN Un'k'n		DODLE	EAST	
	160. WAS DECEASED EVER IN U.S. AF	WE WAR OR DATES	4-0301A	Miss Per		on N. H.		
7	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT 199. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		SEQUENCE OF LUMB	NOT RELATED TO THE TE	ERMIN AL DISEASE OF	? 206. IF YES, WE	RE FINDING	GS USED
	H H				YES TI NO	IN CERTIFYING	CAUSES (	OF DEATH?
100	OR CONTRIBUTING CAUSE OF DE	ATH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, 1)	0FFICE, FARM, ETC.)	216. HOW INJURY OCC 211. LOCATION STREET			OR PART 2)	STATE
	27a.1 certify that (1) (this hasp saw the deceased alive ar abave, (1) (we) (did) (did no 27b. SIGNATURE	at) view the bady after death.	_19 <u>82</u> , and	d that in (my) (aur) apini			fram the co	
	22d. PHYSICIAN'S NAME (TYPE OF THE TYPE OF		yer n	M. PATTENDING PHYSICIAN DE ADDRESS MUS TO		RVING 2	ton	<i>i</i>
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 11/17/82		METERY OR CREMATOR	Lands	sdown. Md	UNTY	STATE
	Wm March F	/H 1101°	E. Nor	th Ave	VOV. 1 8 19	82 John	SIGNATU	shield

DHMH - 16 50M 1/81 (VRA 15, 4)

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1	1.	FOR - STATE REGISTRAR		DEPARTM	ENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2 2	9 1	8 0
y be ige 3 leath		CEASED NAME FIRST RUSSEI		NIDDLE	WILS	ON JR.	26. DATE OF DEATH MONTH	9 82	7:35P M
ge 4 may be ector, page 3 urs after death	3. SE	male	4. RACE Bla		S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)  6.4 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS
deoth. Pe	M	RTHPLACE (STATE OR FOREIGN COUNTRY)	USA	WHAT COUNTRY?	WIDOWE		9. BALTIMORE CITY OR COUNTY BALTIMORE CITY		MD.
ofter in by the f	BA	ITY OR TOWN OF DEATH	eterans	TAUMTNIST	RATIO	ON MEDICAL CEN	120, USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND O INDUSTRY	OF BUSINESS OR
AND 21	Ma	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUP  TYland	OTHER INSTITUTION. ( ITY	GIVE RESIDENCE BEFORE, 13c. CITY OR TOWN Baltimo	1	13d. INSIDE CITY LIMITS? YESXX NO [	13e. STREET ADDRESS 851 George S	t.Apt.	21201 .9B
maryt, maryt, ompletely olid 2 s		ATHER'S NAME Russell	MIDDLE	Wilson		15. MOTHER'S MAIDEN NAM	MIDDLE	Wils	son
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARY ING PHYSICIAN: The law requires that the death certificate be executed that this certificate has been signed by the ottending physician and complete as the burial-transit permit. Then please remove carbon papers. Pages of although Annal Hygiene prior to burial, cremation, ar remaval. arked on them 18 shows any injury, or other traumatic event, the medical exactly		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV YES	MED FORCES? (E WAR OR DATES)	429 18 3		Earl Jackso	on 851 George		
ST., BALT prificate by physicia on papers. emaval. event, the		18. CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE IMMEDIAT	ily ane cause per l D BY: TE CAUSE (a)	line far (a), (b), and	101.) - ρ.	enonary	Arrest	BETWEEN O	MATE INTERVAL ONSET AND DEATH
death ce attending ove carb		Conditions, if any, which		Congest		Heart Fally	re		
in W. PRESTON is that the death ce d by the attending lease remove carb inal, cremotion, or r or other traumatic		gove rise to immediate cause (a), stating the underlying cause last.		AS A CONSEQUE		omer , UNKNO	eun primary		
PRDS, 26 requires en signed Then pli or to burit rinjury, o	TION	Ascite	S; Li	wer fo	ailv	re	INAL DISEASE OR CONDITION GIV		
TAL RECO	CERTIFICATION	190 DATE OF OPERATION		B	OPERATIO	N WAS PERFORMED	YES NO YE	, WERE FINDIN YING CAUSES S	OF DEATH2
SION OF VITA PHYSICIAN: T ending physici this certificate the buriol-tronsi d on them 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.A.	A. MONTH DA	Y YEAR		ED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2}	
DIVISION  DING PHYSI  are this case the burn  set as the burn  set and Me  marked of the	MEDICAL	21d INJURY OCCURRED  WHILE OCT WHILE OF AT WORK		ET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OF TO WN	COUNTY	STATE
FEND following OR: 4 or use f Heal		22a.1 certify that (I) (this hospi saw the deceased olive on abave, (1) (we) (did) (did no	NOVEMBE	R 29. 19 8			teath occurred an the date and hou		that (I) (we) last couses stated
\$ 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Signature S	1 m	0		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN X	22c. DATE.	SIGNED
O HOSPITAL O HOSPITAL TO FUNERAL Ishould be det with the Stote		Schachn	- 1	MD		220. ADDRESS 3900 LOCH RAV	'EN BLVD. BALTO.	, MD. 2	21218
103BP		BURIAL	12/3/			eteran Cem.	23d LOCATION CITY OR TOWN Crownsville	COUNTY	STATE Md-
DHMH - 16 50M 4/82 (VRA 15, 4)		UNERAL DIRECTOR NAME  1. C. March F/H	Inc.1	ADDRESS 101 E.No	orth	DEC	REC'D. BY REGISTRAR 25 PEGIST	RAR'S SIGN	LIRE CHILL

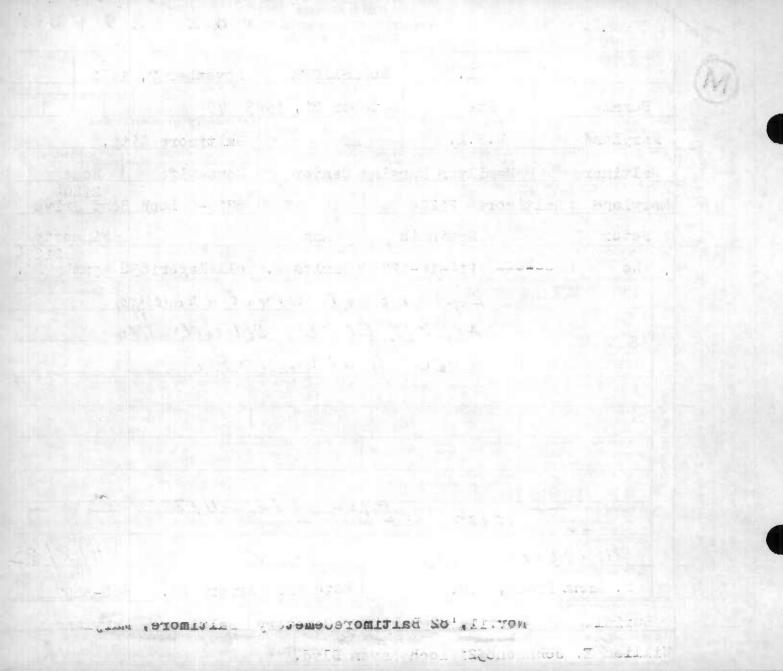


	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2					2	9	1 8				
	I DE	REGISTRAR CEASED NAME FIRST		AIDDLE	LA		LAIII	20 DATE OF	REG. NO	ONTH DAY	YEAR	2h HOUR
m.g.		OR PRINT)				Wilt	PW/	28 DATE OF		11 18		ZB HOUR
death death	3. SE	Mary	4 RACE	A.	5. DATE OF			6. AGE JINYEA			UNDER I YEAR	IF UNDER 24 H
ector, is after		Pemale	Whit		MONTH 10	DAY	1900	82		MO	NTHS DAYS	HOURS M
dire	70. BI	RTHPLACE ISTATE OR FOREIGN		WHAT COUNTRY?	1	_			E CITY OR	COUNTY O	FDEATH	
72 h		est Virginia	USA		WIDOWED	NEVERA	ORCED	Balti				
y the fur	10 C	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN HEACHTY, GIVE STREET,	G HOME OF			120 USUAL O	CCUPATIO FOR MOST OF	N	126. KIND C	F BUSINESS
in by		AL RESIDENCE (# NURSING HOME OF STATE 136 COL			ADMISSION)							
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shoup example		ATHER'S NAME		242 021101			MAIDEN NAM					
d 2		Nathan Nathan	MIDDLE	Linabur	p	Net	tie		MIDDLE		Orno	off
8 2		VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU		17 INFORMA			ADDRES	5	2121	
Pages t, the r	(	ves, no or unknown) (# yes, gi	VE WAR OR DATES]	215-30-63	167	Mrs. T	helma K	ronenb	urg 8	53 W.	34th S	St.
the attending physic move carbon paper emation, or remova other traumatic eve		PART I. DEATH WAS CAUS  IMMEDIA  Conditions, if any, which gove rise to immediate cause (a), stating the	ATE CAUSE (a)	LIVEL FO	ilune	Aden	vance	nang				MATE INTERVAL ONSET AND DEA
n signed by nen please ra to burial, ci y injury, or	NOI	underlying couse lost PART 2 OTHER SIGNIFICANT	( Ic)		DEATH BUT N	NOT RELATED		NAL DISEASE	OR COND	ITION GIVEN	IN PART 1	
permit. The permit The	TIFICAT	190 DATE OF OPERATION	196 CONDI	TION TOX WITHER	OPERATION	WAS PERFO	RMED	20a AUTOF	NO 🗌	206. IF YES, VIN CERTIFY II	NG CAUSES	OF DEATH?
ifications Hygie Hygie n 18	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME O				RMED JURY OCCURR	YES 🗌	NO 🗌	IN CERTIFYII	NG CAUSES	OF DEATH?
is certificate al-transit pental Hygis or Item 18			21b. TIME O HOUR A.A	FINJURY M. MONTH DA				YES 🗌	NO 🗌	IN CERTIFYII	NG CAUSES	OF DEATH?
fter this certificate he burial-transit p and Mental Hygie arked or Item 18	MEDICAL CERTIFICAT	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	21b. TIME O HOUR A./ P).	FINJURY M. MONTH DA	YEAR		JURY OCCURR	YES DED (ENTERNATU	NO DIE OF INJURY	IN CERTIFYII YES IN ITEM 18, PART	NG CAUSES	NO [
AL DIRECTOR: After this certificats tached for use as the burial-transit pet Dept. of Health and Mental Hygis T: If Item 21 is marked or Item 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI 1F EITHER, NOTHY MEDICAL EXAMINE  214 IN JURY OCCURRED  WHILE NOT WHILE	21b. TIME O HOUR A.I P.I 21e. PLACE (AT HOME, STR DITAL) attended, the	FINJURY M. MONTH DA M.  DF INJURY EET, FACTORY, OFFICE, F.  deceased from  office death	AY YEAR 19 ARM, ETC.)	211 LOCATION STREET  211 LOCATION STREET  d that in (	JURY OCCURR  19 X L  (Jour) opinion o	YES DED (ENTERNATURE)  To Death occurred  MEDICAL DIRECTOR	NO DIRECTION OF TOWN ON the dat  STAFF PHYSICI.	IN CERTIFYII YES IN ITEM 18, PART	COUNTY  cond from the	STATE that (I) (we) causes state SIGNED
UNERAL DIRECTOR: After this certificated be detached for use as the burial-transit part State Dept. of Health and Mental Hygis IRTANT: If Item 21 is marked or Item 18	MEDICAL	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI ITE EITHER, NOTHY MEDICAL EXAMINED  214 IN JURY OCCURRED  WHILE NOT WHILE AT WORK  220 I certify that (I) this hosp  115 SENATURE  274 PHYSICIAN'S NAME ITYPE	21b. TIME O HOUR AJA 21c PLACE ( (AT HOME, STR  DITAL) attended the	FINJURY M. MONTH DA M.  OF INJURY EET, FACTORY, OFFICE, F.  deceased from  T  Office death  Mond	APM, ETC)  ARM, ETC)  MD	211 LOCATION IN LOCATION STREET  d that in 162  EGREE  A  220 ADDRES	JURY OCCURR  19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	YES DED (ENTERNATU	NO CITY OR TOWN CITY OR TOWN On the dat STAFF PHYSICI	IN CERTIFYII YES IN ITEM 18, PART	COUNTY  cond from the	STATE that (I) (we) causes state SIGNED
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. b.	(Hammder) Balto.			
				. Alex Se te, Jr.

3	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HY  CERTIFICATE OF DEATH	GIENE 8 2 2 9 1 8 2
m r	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
be page 3	Cath	erine Winters	November 7, 1982 7:30 P <sub>M</sub>
A.A.	3. SEX 1=e	4. RACE BIK S. DATE OF BIRTH MONTH DAY 1901	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS MOURS MIN.
deoth. Poge	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) HARRIS BUTS PA	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED SWIDOWED DIVORCED D	Baltimore City  MD.
to1 is ofter of by the fullified with	Baltimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Maryland General Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 170 USE, wife
AND 212 filled in fould be	130. STATE 13b. CO	OUNTY 13d. CITY OR TOWN 13d. INSIDE CITY LIMITS?  PLANTO. YES NO []	130. STREET ADDRESS 1801 Etting ST. 21217
ted within	Charles	MIDDLE WINTERS 15. MOTHER'S MAIDEN NA Cora	ME WATSON
TIMORE on and common or subsection or subsec	16a. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	His 1801 ETTING ST.
RDS, 201 W. PRESTON ST., BAI equires that the death certificate is signed by the attending physic Then please remave carbon pape to burial, cremotion, or remaval, njury, or other traumatic event, th	PART 1. DEATH WAS CAU  A MMED  Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICAN	anly ane cause per line far (a), (b), and (c), (b) (specification)  SEED BY:  Squamous cell carcinoma of  DUE TO, OR AS A CONSEQUENCE OF  Metastatic squamous cell ca  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  IT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	arcinoma
TAL RECORDS,  The law requiration. The has been significant. Therefore prior to be shown and prior to be shown any injury.	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \sum \) NO \( \sum \)
> Z & OOT OO	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ITE EITHER NOTIFY MEDICAL EXAMI	DEATH HOUR A.M. MONTH DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART   OR PART 2)
SI 3 P	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
ATTENDIA rispital or CCTOR: A 3 for use of Heal	saw the deceased alive aboveX(X (we) (did) (Xd	spital) attended the deceased from November 3, 1982 on November 7, 1982, and that in Xny) (aur) opinion (X1) view the body after death.	death accurred an the date and haur and from the causes stated
	22b. SIGNATURE		MEDICAL STAFF DIRECTOR PHYSICIAN XX 11/8/82
TO HOSPITAL to Hospital TO FUNERAL should be deta with the Store MAPORTANT: H		Aslam, M.D. c/o Maryland	d General Hospital
403 BP 15	230. BURIAL, CREMATION, REMOV.	11/12/82 King Park	RANGAILS TOWN Md. STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	JAS. A. MORT	TON+Sons 1701 Laurens 250. DA	1982 Shart Signature

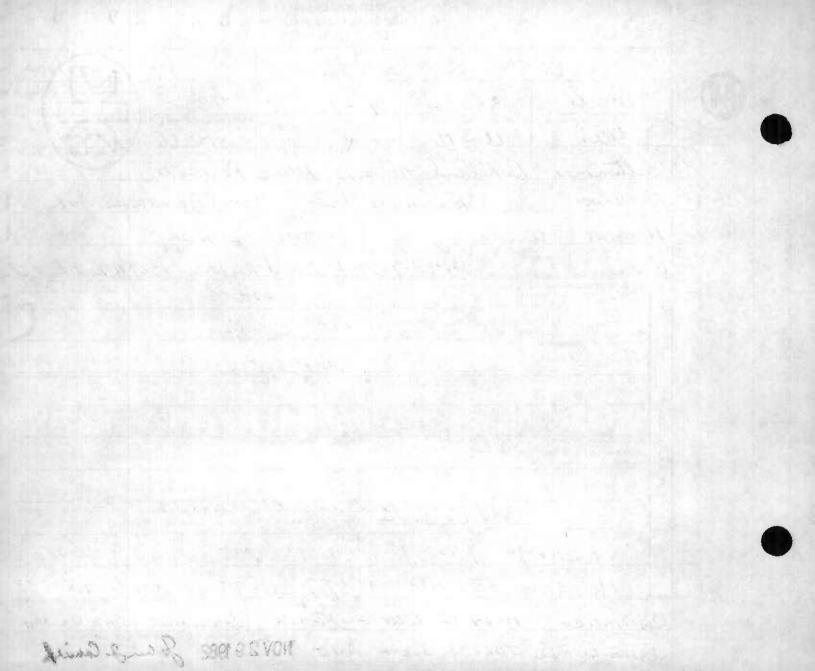
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CONTRACT TO SEC. S.					
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5	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	SIENE 8 2 2	9184
ay be age 3 death	I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST		DAY YEAR 26. HOUR
pog pog	HENRY 3. SEX	I4 RACE	WOODRUFF 5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
offer,	Male	White	MONTH DAY YEAR	N	MONTHS DAYS HOURS MIN.
Dog State	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	October 10,1896	9. BALTIMORE CITY OR COUNTY	OF DEATH
death. Page	New Jersey	USA	MARRIED NEVER MARRIED	BALTIMORE CITY	
offer d	ID: CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION DDRESS)	128 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR
2 2 2 2	BALTIMORE	UNION MEMORIA		Executive V.P.	Elect. Contr.
N 75 III S	13a. STATE	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE JNTY Baltimor	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 353 Homeland	Southway Apt 36
는 를 교실 수를 기	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	LAST
Mak w used w	Harry Wood	ruff	Levi	nia Hand	LASI
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te death Pog	BIRTHPLACE ASTATE OR FOREIGN  76 CITIZEN OF WHAT COUNTRY? 8  MARRIED   NEVER MARRIED   PROJECT OF COUNTY OF DEATH  WIDOWED D DVORCED   PLANT OF BUSINESS OR  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR
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MORE, MARY e executed wit Pages ond medical	HERSTERT WODLE LAST SERVE AND AND LAST SERVER
res that the death certificate bright by the attending physician please remove carbon papers. virial, cremation, or removal.	18 CAUSE OF DEATH LENTER only and cause per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)
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O HOSPITAL OR ATTEN- named by the hospital TO FUNERAL DRECTOR thould be stetschad for a with the Storic Dept of H MPGRTANT if here 21 is	sow the deceased alive an NOV 14 19 3 and that in (my) (switching and accurred an the date and hour and from the causes stated above. (I) (we taked) (did not) view the bady after death.  DEGREE N.D ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 222 ADDRESS  WARD TO STAFF PHYSICIAN STAFF PHYSI
2 P P BP	230. BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION CHYPOTOWN
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	1	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	29186
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AND 212	13a.	AL RESIDENCE (IF NURSING HOME OF STATE MD 136 COUNTY)	ROTHER INSTITUTION GIVE RESIDENCE BEFORE			
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IMORE, le execut n and co Pages 1			RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 218-18-1	RITY NO. 17 INFORMANT	ILES M.D.	Sis Balto. Md.
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TAL RECORI	CERTIFICATION	19a DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME TO DATE KNOWN KX MONTH LTYPE OR PRINT! DEATH MATED CLARENCE VINCE WRIGHT 11-21-82 & AGE IN YEARS IF UNDER 1 YR DAY IF UNDER 24 HRS 24 HOUR 2c DATE LAST BIRTHDAY PRONOUNCED Nov. 10.1957 25 YRS Male White 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF BEATH A BIRTHPLACE DIAMEDE MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED Baltimore City A CITY OR TOWN OF BEATH I NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Baltimore John Hopkins Hospital Je STATE 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 13b. COUNTY Baltimore 21231 Maryland 2212 Fleet St. YES X NO 15. MOTHER'S MAIDEN NAME IL FATHER'S NAME MIDDLE Poolsadlo Wright Roy Juanita Mildred 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 21231 (YES, NO. OR UNKNOWN) LIFYES GIVE WAR OR DATES! Juanita M. Wright, 2212 Fleet St. No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Gunshot wound of chest DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? CATE, WR. CATE, WR. CATE, WR. CATOR, PAGE 3 SHOULD BE USER TO STATE DEPARTMENT OF THE STATE DEPARTMENT OF THE STATE OF THE YES XX NO T 21g. EXTERNAL CAUSE WAS THOURS OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYINGX X OR CONTRIBUTING CAUSE OF DEATH self/inflicted 218 PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE A SHOULD BE FORWARDEE TO FUNERAL DIRECTOR, PAGE 3 AFIER DEATH, WITH THE STATE OF BAHTMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC. AT WORK NOT WHILE AT WORK Street Baltimore. Maryland home Autapsy XX 228. I certify that I took charge of the remains described above, held an and in my apinian Undetermined manner death resulted fram: Hamicide \_\_\_ TITLE (SPECIFY) ACTUAL DATE SIGNED 11-22-82 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME STATE Nov.26,1982 Temple Hill Burial Russell 250. DATE REC'D. BY REGISTRAR 256 RESSTRAR'S SIGNATURE 74 ROBERT C. ALTENBURG EUNERAL HOME, INC. **DHMH - 17** 6009 Harford Rd., Balto., Md. 21214 (VR A15 ME (5))

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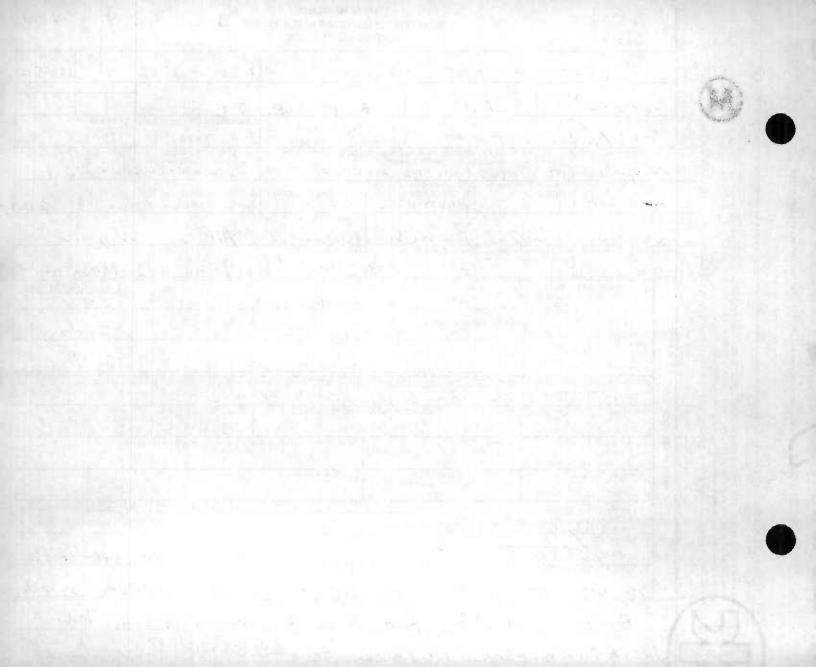
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•	TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P			that I took charg	ge of the remains d	escribed obo	T 1/	Autap vicide	, Homici	PECIFY)		Inquiry	nner .	DATE SIGNE		1/82	
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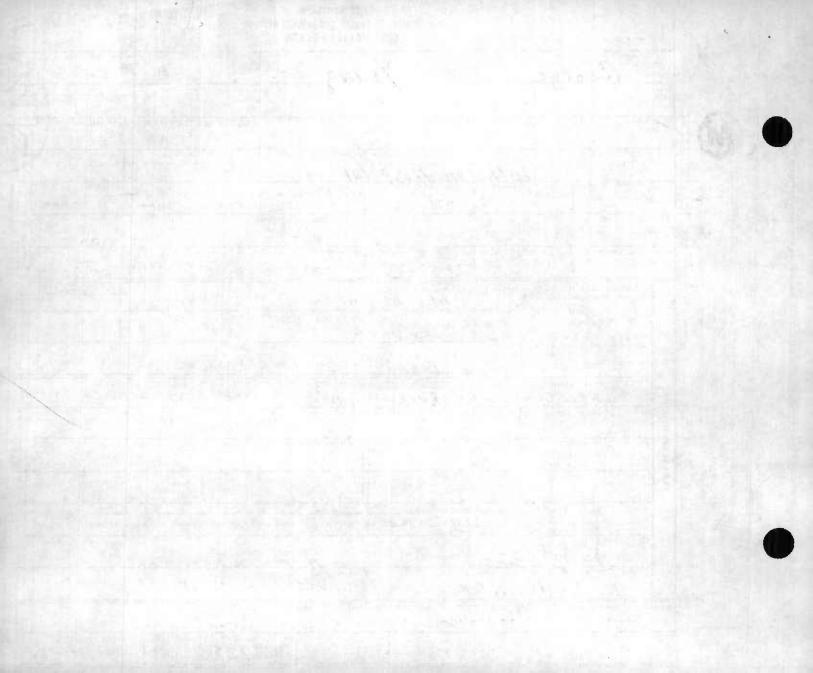
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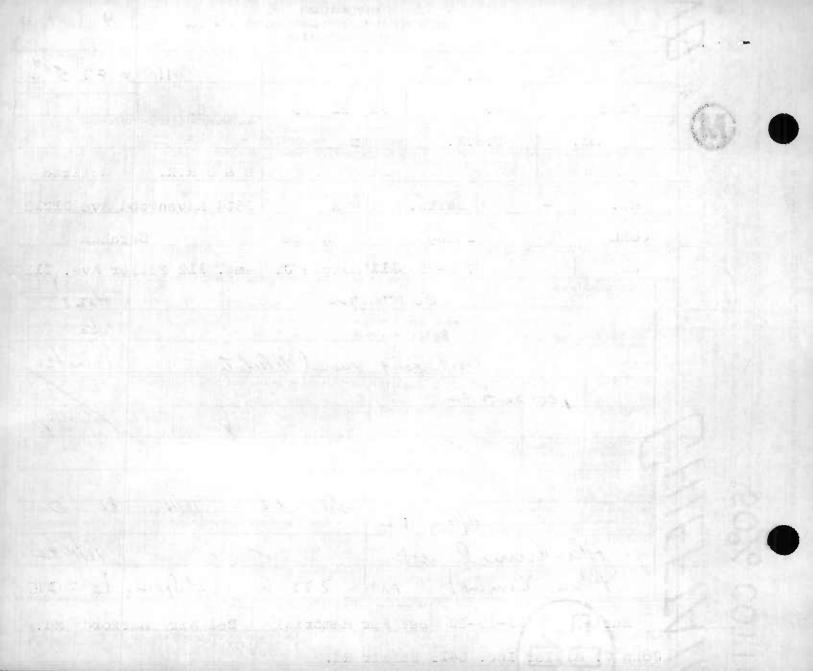
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		UNERAL DIRECTOR			TE REC'D. BY REGISTRAR 256. REGISTI			



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 1. DECEASED NAME 2a DATE OF DEATH MONTH YEAR 2b. HOUR LIYPE OR PRINT BETTY 1982 VOLING NOVEMBER 26 4. RACE S DATE OF BIRTH MONTH White Female Dec. To. BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia U.S.A. DIVORCED T WIDOWED BALTIMORE CITY III. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Housewife Home BALTIMORE THE. JOHNS HOPKINS HOSPITAI USUAL RESIDENCE (IF Baltimore 13. STREET ADDRESS 8634 Willow Oak Rd. 21234 21234 13d. INSIDE CITY LIMITS? Maryland NO K 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE Whitfield Ernest Ganoe. Sr. Martha Marie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (IF YES, GIVE WAR OR DATES) 234-46-7055 James L. Young, Jr. Balto., 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY? 20b. IF YES, WERE FINDINGS USED 9a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING TO CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 19 P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram. 26 \$2, and that in (my) (aur) opinion death accurred on the date and have and from the causes stated saw the deceased alive on. abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED oung, M.D. ATTENDING MEDICAL PHYSICIAN T DIRECTOR PHYSICIAN 22e ADDRESS should be with the IMPORTA Johns Hopkins Hospital roung, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Nov. 29. 82MD. National Mem. Pk. Prince Georges Co. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 NOV 2 6 1982 William E. Johnson8521 Loch Raven Blvd. (VRA 15, 4)

All the committee and the committee of t Female 12.1 15 151 151 151 01 010000 blekting eizel sarts in somme in the track 'io .... 23 -06-705 dames L. Young, Ur. elto., 421234 Tillight a volucionist Look Reven 11ve. Mill Since La a Call

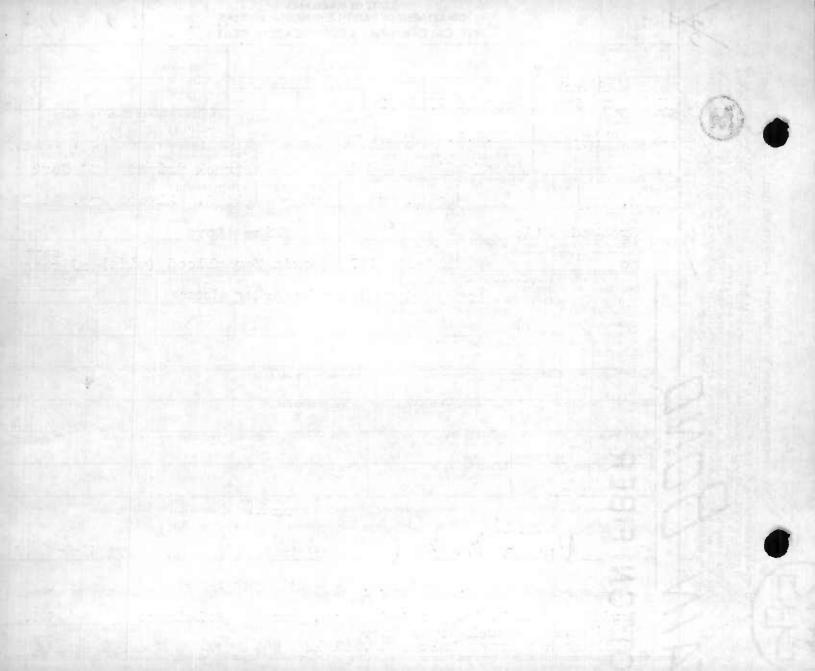




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1 75		CEASED NAME FIRST	A. U	MINIA B	20. DATE OF DEATH	10.001
6 88	3. SE:	MEANING	RACE S. DAJE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1 YEAR IF UNDER 24 HRS
_ (14)	21	Female	Col.		68	MONTHS DAYS HOURS MIN
W 28/		RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY? 8 MARRI	ED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
1 17-12	12	Allimore M.	U.S. H. WIDOW		PAllin	ore City MD.
= 1 1 AO	B	Altinual	NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STORT ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF V	12b. KIND OF BUSINESS OR WORKING LIFE INDUSTRY
2 4 4	ปรับ	AL RESIDENCE (IF NURSING HOME OF OTH	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION		11011)6[1]	172.45
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4 25 B	14. FA	THER'S NAME FIRST MIDD		15. MOTHER'S MAIDEN NAM	MIDDLE	LAST
W 1 1 300		JAMES A	YOUNG	EFFIC		Wigains
BALTIMORE con be execu- pers. Pages well.	16a V	(AS DECE ASED EVER IN U.S. ARMET ES, NO OR UNKNOWN) (IF YES, GIVE WA		J7. INFORMANT	ADDRESS	1091-+
1 1 1		110	X12-12-19191	ATINYS, HIJOH.	Smill 106	00010 51
BA CONTRACTOR		18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED B)	one cause per line far (a), (b), and (c\.)	Luci of	T1 000	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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W. W		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF			
Please #	3	DART O OTHER SIGNALS ON THE SOL	(c)			
Documents of the second	Z.	PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BU	I NOT RELATED TO THE TERMI	NAL DISEASE OR CONDI	TION GIVEN IN PART 1(a)
RECORDS  of been ing serior to be exprise to be serior to	ATE	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
4 4 4 4 4 4 4 4	CERTIFICATION				YES T NOT	IN CERTIFYING CAUSES OF DEATH?  YES \( \bigcap  \text{NO} \( \bigcap \)
DIVISION OF VITAL INC. PHYSICIAN. The unfaculting physician than this centricide is on the busing-frontile th and Mental Hygies orked or hem 18 show	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY I	N ITEM 18, PART 1 OR PART 2)
A A T T T T T	AL	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19			
S the state of	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
N OF THE R	¥	AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21KEE1	CITY OR TOWN	COUNTY STATE
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2 4 4 5 4 4 5 4 4 4 4 4 4 4 4 4 4 4 4 4		saw the deceased alive an above (1) (we) (did) (did nat) vi	10-66 19-82, c	and that in (my) (aur) apinion d	eath occurred on the date	and hour and from the causes stated
F Pet C		Th. SIGNATURE	ew me day and deam.	DEGREE		22c. DATE SIGNED
A Para F	66	TIXIA	MINIM	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	NO 11-17-82
A SPIT		278 PHYSICIANS NAME (THE OFFILE	ні)	22e ADDRESS		
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DHMH-16 50M 7/77	24/21	INERAL DIRECTOR	ADDRESS	250. DATE	REC'D. BY REGISTRAR 25	REGISTRAR'S SIGNATURE
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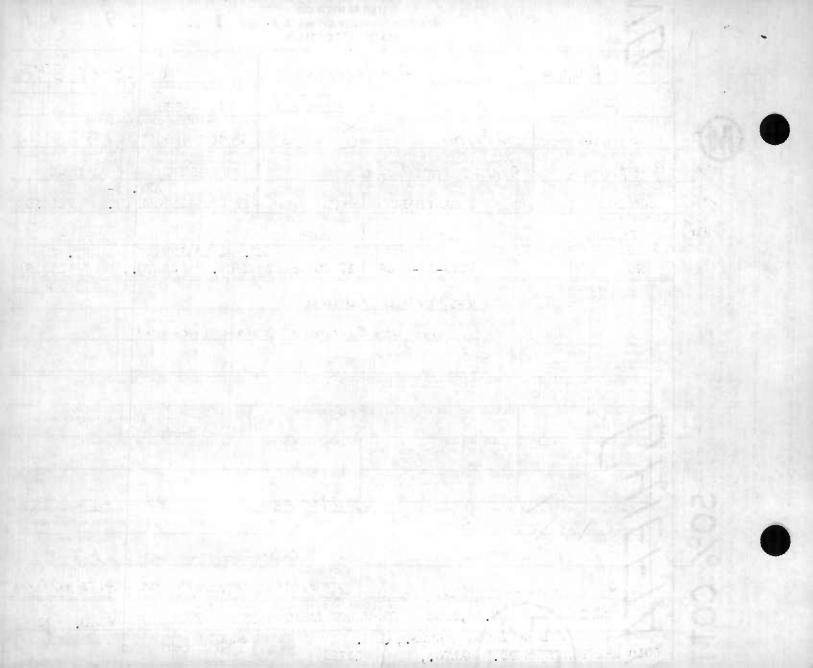
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN XX MONTH 2b. HOUR TYPE OR PRINTI ESTI-DEATH MATED -7-80 YOUNGBI OOD TONY 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS dherokee 'DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 11-7-82 8:48P DEAD June 12 1920 Male Indian 4 62RS TO BIRTHPLACE (STATE OF CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City Okla WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION truck driver Baltimore Johns Hopkins Hospital US Govt 13a. STATE Pad INSIDE CITY LIMITS? 13e. STREET ADDRESS 136 COUNTY Baltimore 21 S. Ellwood Ave. 21224 Md NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Stick Crooked White Dove 7. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS same Doris Youngblood (wife) 216-66-8407 no address CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NOV YES 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 19 218 PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE WHILE AT WORK EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STANDARE, MARYLAND, 2' Inspection X 220 I certify that I took charge of the remains described above, held an ond in my opinion Natural causes XX deoth resulted from: Undetermined manner TITLE (SPECIFY) 11-8-82 ACTUAL DATE ssistant SIGNATURE EXAMINER'S NAME 111 Penn Street TYPE OR PRINT 23d. LOCATION STATE 11/11/82 Eastview Mem. Park Baltimore Md. Burial 14 FUNERAL SEATHMUNEK Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 1756. BEGISTRAR'S SIGNATURE DHMH - 17 3331 Brehms Lane, Balto. Md. 21213 (VR A15 ME (5)) 20M 4/82



(VRA 15, 4)

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age 4 may ctor, pag	3. SE	EMALE	4. RACE  W HITE	O Z	1 400	6. AGE (IN YEARS LAST BIRTHDAY)  74  XXXXXYRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
de oh. P		RTHPLACE ISTATE OR FOREIGN COUNTRY   MARYLAND ITY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY?  U.S.A.  11. NAME OF HOSPITAL, NURSII	WIDOW		9. BALTIMORE CITY OR COUNTY BALTIMORE 120. USUAL OCCUPATION	CITY	MD. DE BUSINESS OR
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by the hosp by the hosp ERAL DIREC e detoched Stote Dept.	-	220. SIGNATURE	Korhn	(	DEGREE ATTENDING PHYSICIAN  1228. ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE	F-EZ
TO HOSPITAL Of retained by the TO FUNERAL D should be detected with the State D IMPORTANT. If	22-	B. A. Coch	ray, MD.	NAME OF	6506 PAYL	HEIGHTS AVE	SALT.	MD 21212
90 BP		BURIAL, CREMATION REMOVAL (SPECIFY) BURIAL	NOV.10,1982	BETH .	JACOB ANSHE VE	SHEAR ROSEDALE E REC'D. BY REGISTRAR 756. REGIS	BALTO,	STATE MD
DHMH - 16 50M 4/B2 (VRA 15, 4)	6	010 REISTERSTOW	LEVINSON & BROS N RD. BALTO., I	, IN(	21215	171982	TRANS SIGNA	



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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